EXhibit-G

Ream 2 of 2

291 (501 to 791) of 791 pages

Civil Action No. 18-924



Request #16045126

OLUTOKUNBO EFUNNUGA

Procedure to Be Performed: Unit Procedure Performed:	Tor
Nurse/Technologist to complete with check mark or N/A	
、(1) Pre-Procedure Verification	
☑ Patient/Patient Representative has confirmed: *identity *site *procedure *consent	
☑ Is Patient on Anticoagulation Therapy □ No ☑ Yes; Type: ☐ Xia	
Physician Notified Date\Time: 10\30 1 6	
Surgical/Procedural site initialed by physiciah	N/A 🗆
H&P Completed within 30 days of procedure	N/A 🛛 .
H&P Updated within 24 hrs of admission or registration	N∕A□
DOES PATIENT HAVE A: Known allergy? ☐ Yes	
Mmplants, devices and special equipment available and functioning?	N/A 🗆
\wedge \wedge	
Participants: http://www.	-
O(1)	
Nurse/Technologist Signature:	-
(2) "Time Out" Verification before incision/start of procedure	
"Time Out" Suspend All Activities	
R্cimary Procedure:	
Confirm all team members have introduced themselves by name and role	
Participants:	
Entire procedure team verbally confirms. *patient *site *procedure	,
Proceduralist Reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss?	
Nursing Team Reviews: Has sterility been confirmed? Are there any patient-specific concerns?	
☐ Antibiotic infused/ing and redosing discussed, if applicable	NÃ
Relevant images and results properly labeled and correctly displayed, if applicable	N/A 🗍
Fire Risk: [3(4) Low (2) Medium (3) High (4) N/A	****
"Time Out" Time: 15'-2- Date: 10 Dal 6	
Nurse/Technologist Signature:	
(3) Debriefing	
NURSE VERBALLY CONFIRMS WITH THE TEAM:	
☑ Review specimens and how each is labeled, if applicable	
Discuss equipment/instrument problems to report and case improvements	
Entire Team reviews the key concerns for recovery and further management of this patient	
Participants:	
Nurse/Technologist Signature:	
Mercy Fitzgerald Hospital Amember of Mercy Health System EFUNNUGA, OLUTOKUNBO	
J DOB: 03/06/1979 37 M	
ADM: 10/07/16 ACC:FA1307223089 MR:F001250247	
BEDSIDE PROCEDURE CHECKLIST	
Page 1 of 1	

Page 1 of 1 Form #I bedside, Rev. 08/2018 SUR.X.PRECHIXLST

MERCY FITZGERALD HOSPITAL

TIME	BP	P	R	02 SAT	EKG
15~	15982	122	33-	92-	<u>S1</u>
	1131102	(> -			
			·		
				.,	
					•
					
					•
					·
					
0		<u> </u>			

Procedure: Light Those Con Los	
Physician: D. Buy	_

EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37 M ADM: 10/07/16 ACC: FA1307223089 MR: F001250247





Surgical / Invasive Procedur	e Site Verification
Location of Procedure Operating Room Interventional Radiology	☐ Endoscopy Suite ☐ Cardiac Cath Lab ☐ Other
Verification #1 Date // /////////////////////////////////	Nursing Unit
Verified correct patient	
Verified correct site: ☐ Left ☐ No Later	rality 🔲 Right 🔲 Bilateral Level
Verified correct procedure as stated by patient/famil	y/guardian .
Verified operative consent acqurately completed and	_
RN/Technician Signature	Any discrepancy call physician
	ification and Marking rea/Pre-Procedure Area
Date Time	
Verified correct patient	deta
Verified correct procedure	مد
Verified all relevant documents are available and ma	atched to the patient's identifiers
Verified operative consent accurately completed and	d signed
Verified correct diagnostic and radiology test results	are available and properly labeled
Proceduralist marked: Site	☐ No Laterality ☐ Right ☐ Bilateral Level
Verfied blood products, equipment/implants or spec patient's identifiers appropriate	ial equipment are available, labeled and matched to
RN/Technician Signature	Any discrepancy call physician
Verification #2 Final Verificati	on (Patient is on procedure table)
Date Time "Final Time Out"	
Attending Proceduralist verified correct patient	Out .
Procedure consent is accurate and signed	· An
Correct side and site marking visible after draping a	nd confirmed
All in agreement of procedure to be done	. 7
Correct patient positioning	صمله
Radiographic images and results are properly labele	ed and displayed as appropriate
Antibiotic administered prior to incision as appropria	te
Fluids for imigation available if appropriate	
Safety precautions addressed as appropriate (allerg	ies /implants)
Sequential device present as appropriate	
	na hawa any mandana na any any ana hafara
Surgical/Procedure Team Confirms - "Does anyon proceeding?" "Is everyone in agreement?"	ne have any questions or concerns before
Signature RN Technician	Additional procedure "Time Out" if applicable
fercy Fitzgerald Hospital member of Mercy Health System	EFUNNUGA, OLUTOKUNBO

SURGICAL/INVASIVE PROCEDURE SITE VERIFICATION



Page 1 of 1 Form NS552, Rev. 01/08/09 SUR.X.TIMEOUT

DOB: 03/06/1979 3 Adm: 10/7/2016 Acc: FA1307223089

MR#: F001250247





Surgical / Invasive Procedure Site Verification

Location of Procedure Operating Room Interventional Radiology	☐ Endoscopy Suite ☐ Cardiac Cath Lab ☐ Other
Verification #1 AC U	Nursing Unit
Date 10 18/16 Time 13 SPU	Allergies
Verified correct patient	
Verified correct site: Left No Latera	lity 🗌 Right 🔲 Bilateral Level
. Verified correct procedure as stated by patient/family/	guardian
Verified operative consent accurately completed and	signed
RN/Technician Signature	Any discrepancy call physician
	cation and Marking a/Pre-Procedure Area
Date Time	
Verified correct patient	
Verified correct procedure	
Verified all relevant documents are available and mat	ched to the patient's identifiers
Verified operative consent accurately completed and	·
Verified correct diagnostic and radiology test results a	
Proceduralist marked: Site Left	,
Verfled blood products, equipment/implants or specia patient's identifiers appropriate	i equipment are available, labeled and matched to
	Any discrepancy call physician
Verification #2	
Date Time "Final Time Out"	n (Patient is on procedure table)
Attending Proceduralist verified correct patient	· ·
Procedure consent is accurate and signed	
Correct side and site marking visible after draping and	confirmed
All in agreement of procedure to be done	
Correct patient positioning	
Radiographic images and results are properly labeled	and displayed as appropriate
Antibiotic administered prior to incision as appropriate	
Fluids for irrigation available if appropriate	
Safety precautions addressed as appropriate (allergie	ee (Impiante)
Sequential device present as appropriate	so /impianto)
, , , , , , , , , , , , , , , , , , , ,	
Surgical/Procedure Team Confirms - "Does anyone proceeding?" "Is everyone in agreement?"	e have any questions or concems before
Signature RN Technician	Additional procedure "Time Out" if applicable
Hercy Fitzgerald Hospital	BFUNNUGA. OLUTOKUNBO

SURGICAL/INVASIVE PROCEDURE SITE VERIFICATION



Page 1 of 1 Form NS552, Rev. 01/08/09 SUR.X.TIMEOUT

DOB: 03/06/1979 37Y Adm: 10/7/2016 Acc: FA1307223089

MR#: F001250247



Page 1 of 1 Form #MR30, Rev. 06/2009



EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 ADM: 10/07/16

ACC: FA1307223089 MR: F001250247

Attach this Catheter Maintenance Guide to patient's chart.

Bard Access Systems, Inc. Polyurethane PICC The Poyer of Purple PowerPtCC³ Catheter Hatheter This patient has 3275108 EREAT1787 2017-12-28 (01)00801741000423 (17)171228 (10)REAT1787 inserted on

When cleaning the exit site:

WARNING:

- Do not wipe the catheter with acetone based solutions, or polyethylene glycol containing cintiment. These can damage the polyurethane material if used over time.
- Avoid prolonged or exces with alcohol or alcohol containing antiseptics as these are known to degrade polyurethane catheters over

Maintain according to hospital protocol Avoid using acetone based solutions, or ointment. These substances are known to degrade polyurethane.

- Use chlorhexidine gluconate and/ or povidone lodine to clean the exit site around the catheter
- Allow all cleaning agents/antiseptics to dry completely before applying dressing

Catheter Maintenance Flush each lumen of the catheter with 10 mi saline every 12 hours or after each use. In addition, lock each lumen of the catheter with hepannized saline. Usually, one mil per lumen is adequate

exPICC "The Power of Purple" conv., rower/ICC "The Power of Purple", and the color purple are tradomeric and/or registered tradomerics of C. R. Bard, inc. or an affacts.

Bard Access Systems, Inc Salt Lake Cay, UT USA 84116 801-595-0700 Clinical Hottine 1-800-443-3385 Order.nor 1-800-545-0890 www.bardaccess.com ww powerpiec.com

0715357 / 0708R

New Important Information:

- st media should be warmed to body temperature prior to power injection Warning Failure to warm contrast media to body temperature pnor to power injection may result in catheter failure
- Vigorously flush the PowerPICC* catheter using a 10 ml or larger synnge and sterile normal saline prior to and immediately following the completion of power ection studies. In addition, lock each lumen of the catheter with hepannized saine. Usually one miliper lumen is adequate. This will ensure the patency of the PowerPICC* catheter and prevent damage to the catheter. Resistance to flushing may indicate partial or complete catheter occlusion. Do not proceed with power injection study until occlusion has been cleared. Warning: Failure to ensure ntency of the catheter prior to power injection studies may result in catheter failure
- Do not exceed the maximum flow rate of 5 ml/sec. Warning: Power tryector machine pressure limiting feature may not prevent over pressurization of an occluded catheter, which may cause catheter failure. Warning Exceeding the maximum flow rate of 5 mWsec, or the maximum pressure of power injectors of 300 psi, may result in catheter failure and/or catheter tip displacement.

 Warning, PowerPiCC* catheter indication for power injectors of nontrast media
- implies the catheter's ability to withstand the procedure, but ones not imply appropriateness of the procedure for a particular patient. A suitably trained cliniquan is responsible for evaluating the health status of a patient as it pertains to a power mection procedure
- Use only lumens marked "Power Injectable" for power injection of contrast media. Warning: Use of lumens not marked "Power Injectable" for power injection of contrast media may cause failure of the catheter,

Power injection Procedure:

- Remove the mection/needleless can from the PowerPiCC* catheter.
- Attach a 10 ml or larger synnge filled with stenle normal saline
- Aspirate for adequate blood return and vigorously flush the catheter with the full 10 ml of sterile normal saline. Warning Failure to ensure patency of the catheter prior to power injection ctudies may result in catheter failure Detach synnoe
- Attach the power injection device to the PowerPICC* catheter per manufacturer's recommendations.
- Contrast media should be warmed to body temperature pnor to power injection Warning: Failure to warm contrast media to body temperature prior to power syection may result in catheter failure.
- Was only turners marked "Power Injectable" for power injection of contrast media. Warning, Use of lumens pot marked "Power Injectable" for power injection of contrast media may cause failure of the catheter.
- Complete power reportion study talong care not to exceed the flow rate limits. Warning. Power injector machine pressure liming feature may not prevent over pressunzation of an occluded catheter, which may cause catheter failure. Warning. Exceeding the maximum flow rate of 6 m/sec, or the maximum pressure of power injectors of 300 psi, may result in catheter failure and/or catheter tip displacement.
- Disconnect the power injection device.
- 10
- Replace the injection/needleless cap on the PowerPICC* catheter, Flush the PowerPICC* catheter with 10 ml of stonle normal saline, using a 10 ml or larger syringe. In addition, lock each lumen of the catheter with hepannized saline Usually one mi per lumon is adequate

AN MRI CANNOT BE PERFORMED









WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please	indicate	if you have any of the following:	AN MRI CANNOT BE PERFORMED
□ No	☐ Yes	Aneurism Clips(s)	IF THE PATIENT HAS:
∐ No	∐ Yes	Cardiac pacemaker	ANEURYSM CLIP(S)
님, 100	∐ Y.es	Implant cardioverter defibrillator (ICD)	CARDIAC PACEMAKER ·
HW.	HYes	Electronic Implant or Device Magnetically-activated implant or device	Diago mark on the figure (a) helevy the location of any
HW	片 Yes	Magnetically-activated implant or device	Please mark on the figure(s) below the location of any
HWO	∐ Yes	Neurostimulation system	implant or metal inside of or on your body.
HNO	HYes	Spinal cord stimulator Internal electrodes or wires Bone growth/bone fusion stimulator	\bigcirc . \bigcirc
HNO	HYes	Pone growth/hone fusion stimulator	
HNO	HYES	Cochoos etalogie os ethos cos implest	
HING	□ Tes	Cochear, otologic, or other ear implant	$(\ \ \) \ (\ \) \ (\ \)$
		Insulin or other Infusion pump Implanted drug infusion device	} ~ ~ ((
		Any type of prothesis (eye, penile, etc.)	
□ No	Tyes	Heart valve prosthesis	
□ No	Yes	Heart valve prosthesis Eyelid spring or wire	
□No	Yes	Artificial or prosthetic limb	从工队从工队
□No	Yes	Magnetic stent, filter, or coil	
□ No	☐Yes	Shunt (spinal or intraventricular)	
L I No	LIYes	Vascular access port and/or catheter	RIGHT (C)(C) LEFT LEFT (-() RIGHT
☐ No	☐ Yes	Radiation seeds or implants	(\(\) \(\)
	☐ Yes	Radiation seeds or implants Swan-Ganz or thermodilution catheter Medication patch (Nicotine, Nitroglycerine)	\
U No	Yes	Medication patch (Nicotine, Nitroglycerine)	\\// \\//
I I No	Lives	Any metallic fragment or foreign body	2165 48 B
∐ No	∐ Yes	Wire mesh implant	
∐ No	∐ Yes	Tissue expander (e.g., breast)	MPORTANT INSTRUCTIONS
H 100	HYes	Wire mesh implant Tissue expander (e.g., breast) Surgical staples, clips, or metallic surfaces	<u>/* (</u>
	LI res	Joint replacement (nib. bones, etc.)	Before entering the MR environment or MR system
	H Yes	Bone/joint pin, screw, nail, wire, plastic, etc.	room, you must remove all metallic objects including
	HVes	IUD, diaphragm, or pessary Dentures or partial plates	hearing aids, dentures, partial plates, keys, beepers,
		Tatton or normanent makeun	cell phone, eyeglasses, hair pins, barrettes, jewelry,
	Tyes	Rody piercing jewelry	body piercing jewelry, watch, safety pins, paper clips,
	Yes	Tattoo or permanent makeup Body piercing jewelry Hearing aid (Remove before entering the MR system room)	money clips, credit cards, bank cards, magnetic strip
□ No	Yes	Other implant	cards, cords, pocket mike, nail clipper, tools, clothing
□ No	Yes	Breathing problem or motion disorder	with metal fasteners and clothing with metal threads.
☐ No	☐ Yes	Claustrophobia	Please consult the MRI Technologist or Radiologist if
LI No	☐ Yes	Wireless endoscopic camera	you have any questions or concerns BEFORE you
□ No	☐ Yes	Deep brain stimulation -	enter the MR system room.
		NOTE: You will be required to wear earplu	gs during the MR procedure.
		MAGNETIC RESONANCE IMAGING	HISTORY & ASSESSMENT
	-		
		had prior surgery or an operation (e.g., arthroscopy, e	endoscopy, etc.) of any kind?
lf :	yes, plea	ase indicat the date and type of surgery:	
Date:_	/	/ Type of surgery	
Date: _	/_		
Please	turn ov	ver to continue	
	,	MAGNETIC RESONANCE IMAGING	LICTODY & ACCECCMENT
		MAGNETIC RESUMANCE IMAGING	DIO TORT & ADDEDDIVIENT

Mercy Fitzgerald Hospital A member of Mercy Health System

MAGNETIC RESONANCE IMAGING HISTORY AND ASSESSMENT



Page 1 of 2 Form #NS582F, Rev. 11/2009 PHY.X.HISTPHY EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 Adm: 10/7/2016

Acc: FA1307223089 MR#: F001250247

M



2.	Have you had prior diagnostic imaging study or examinat If yes, please list: Body part	ion (MRI, CT, Ultrasound, X-ray, etc.? Date Facility	□ No	☐ Yes			
		//_					
-	V Dec						
	X-Ray						
•	Ultrasound			<u>-</u>			
	Nuclear Medicine	//					
	Other		<u>.</u>				
3.	Have you ever experienced any problem related to a pre-	•	□ No	☐ Yes			
	If yes, please describe:		<u> </u>				
4.	Have you had an injury to the eye involving a metallic object. (e.g., metallic slivers, shavings. foreign body, etc.)?		□ No	☐ Yes			
-	If yes, please describe:						
5.	Have you ever been injured by a metallic object or foreign		□ No	☐ Yes			
_	If yes, please describe:						
6.	Are you currently taking or have you recently taken any n		□ No	☐ Yes			
	If yes, please list:						
7.	Are you allergic to any medication?		□ No	☐ Yes			
	If yes, please list:			······································			
8. ,	8. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye use for an MRI, CT, or X-ray examination?						
9.							
		•					
10	If yes, please describe:	-					
	female patients:						
	Date of last menstrual period://	Deat management	□ No	□Yes			
	-						
	Are you pregnant or experiencing a late menstrual period		□ No	Yes			
	Are you taking oral contraceptives or receiving hormonal			- □ Yes			
14.	Are you taking any type of fertility medication or having fe	•	□ No	☐ Yes			
	If yes, please describe;						
15.	Are you currently breast-feeding?		□ No	☐ Yes			
and	est that the above information is correct to the best of my had the opportunity to ask questions regarding the informut to undergo.		dure that				
Siar	nature of Person Completing Form	Tim					
g.		Signature					
Fon	n Completed by: ☐ Patient ☐ Relative ☐ Nurse:	Print Name Relationshi	o to Patient				
Fon	m Information Reviewed By:						
_ N	Print Name ARI Technologist Nurse Radiologist Other	Signature:					
₩M	ercy Fitzgerald Hospital						
	nember of Mercy Health System	EFUNNUGA, OLUTOKUNBO					
MAG	NETIC RESONANCE IMAGING HISTORY AND ASSESSMENT	DOB: 03/06/1979 37Y M Adm: 10/7/2016 Acc: FA1307223089 MR#: F0012	50247				

F

Page 2 of 2 Form #NS582-F, Rev. 11/2009





Mercy Fitzgera Tospital



Acet #: FA1306093293

DOB: 03/06/1979 DOS: 10/24/2016

MR. 000515954

EFUNUGA, OLUTOKUN

37/M

O	perati	ng R	loom	Case:	Record	Report	

~ <i>~</i>				DOS: 10	/24/2016		
		Surgeons	and Procedure	S		415	
Physician 1	SHARIFF,HAJI	Right VA	TS decortication				
		Preop A	Assess Holding				
T	ime in Holding: 11	:02	Ad	mited From: Pat	ient Room		
	<u> </u>	Patient Identified: Y		7	ype and Screen:	Y	
		erative procedure: Y			Type and Cross:		
<i>Ob-</i>		Verifies allergies: Y			Blood Permit:		
		levant documents: Y nplete and signed: Y			CXR: EKG:		
		nplete and signed: Y			H and P:		
-		Blood Work: Y			DVT Protocol:		
Site Marking by A	ttending Physician						
Site Chest	Laterality Right	Level	<i>Procedure(</i> "they are cl	s) as stated by pa necking my lungs	utient/family/gua "	rdian	
- ,	iagnostic and radiol	in Walting Room: N logy test results are availa plants or special equipme			ched to patients	identifiers	as appropriate
					· · · · · · · · · · · · · · · · · · ·	Y	
Room Ready: Y					V: KEYSER,RO	BIN, KN	
Significant PMH /	' PSH: HIV +, glau overdose	ucoma, ETOH withdrawal	, rhabadmyolysi	s, drug			
Mobility Total Assistance	Assistive I	Devices					
Level of Conscious Other	sness Other sedated on ve	Psychological Other	<i>Other</i> sedated	_	Communication Other	<i>Oti</i> sed	<i>her</i> ated on vent
<i>Skin Appearance</i> Cool	Other	Musculo-skelton ROM limitations					
	-	Case St	art / Personnel				•
Patient in Room: Proc Start Time:		Anesthesia Start: 11:05 Anesthesia Type: Genera		lassification: IV	•	•	Add On: N
PreOp Diagnosis:	empyema right lu	ing					
Staff Role Circulator Scrub Technician Circulator		Staff Name Doherty, Meghan Walsh, Rachael KEYSER,ROBIN ,	RN	Time In 10:30 10:30 11:30	Time Out 11:35 14:55 12:05	Time In 12:05	Time Out 14:55
Anesthesia Staff MALIK, PAVAN HIN, DYNO		<i>Name</i> Marcoe	e		<i>Role</i> Residents		
-		Prep	/ Positioning				
Position Left Lateral	<i>Device</i> Beachchair Positioner	<i>Device</i> Pillow	<i>Device</i> Donut	<i>Device</i> Lateral Supp	Extremity ort Right upper extremity		tremity Position mboard
	1 Oblitoitoi	Gel Rolls			Left upper extremity	Ar	mboard
-		Overhead Arm Board			-		

F000515954

NUGA, OLUTOKU



Mercy Fitzgera Hospital



Acet #: FA1306093293

DOB: 03/06/1979

37 / M

DOS: 10/24/2016 Positioned By: MALIK, PAVAN Safety belt applied and secured: Pad Bony Prominences: HIN, DYNO SHARIFF, HAJI Y Skin Prep: Skin Prep: Chloraprep Hair Removed in OR with Clipper: N Hair removal 48hrs prior to surgery: N/A DURAPREP OR ALCOHOL BASED SOLUTIONS: Y 3 minute dry time/no pressence of pooling: ESU / Tourniuet / Counts **ELECTROSURGICAL UNIT** Ground Pad Site Side **Bipolar** Cut Coag ESU# 35 35 23775-A Megadyne TOURNIQUET: N/A COUNT: Y Count Count Stafff I Count Staff 2 Doherty, Meghan Walsh, Rachael In Count Doherty, Meghan Walsh, Rachael **Closing Count** Walsh, Rachael Second Count Doherty, Meghan Walsh, Rachael **Final Count** Doherty, Meghan If Counts Unresolved, X-Ray Taken: N/A Surgeon Notified of Counts: Y Name of practitioner confirming count: Marcoe Fire Risk/Patient Safety Surgical site above Xiphoid? Yes = 1Open oxygen source? No = 0Available ignition source? Ycs = 1Fire Risk Scoring: TWO Moderate/High Fire Risk Protocol: Includes all routine protocols: Y Use draping tech to minimize O2 concentration: Y Encourage use of wet sponges: Minimize electrical surgical unit settings: Y Basin of sterile saline or H2O: Anesthesia documents O2 concentration flow: Surgical Safety Checklist: How long will the case take? 2 hours What is the anticipated blood loss? 400 ml Key concerns for patient recovery/management? no concerns Final Verification TIME OUT FOR PROCEDURE VERIFICATION: 12:19 Nurse: Doherty, Meghan Patient in Room: 11:05 A. Attending Proceduralist verified correct patient Y B. Procedure consent is accurate and signed Y C. Safety Precautions - Allergies read aloud Y Acknowledgement of implant existing devices Y Sterility verified - no specific concerns Y D. Correct patient positioning Y Y E. Site marking confirmed/correct and visible after patient is draped Y F. Special Equipment G. Radiographic images properly labeled and displayed as appropriate N/A H. Implants available/fluids for irrigation available if appropriate Y

Final Site Verification Completed? Y

J. SCD present as ordered

Does anyone have any questions or concerns with the procedure or anesthesia? N

I. Antibiotics administered prior to incision per anesthesia

Does anyone have any questions or concerns before proceeding? Is Everyone in agreement? Y

K_Verified all relevant documents are available and matched to the patients identifiers.

Y

Y

NUGA, OLUTOKU





Acct #: FA1306093293

F000515954

DOB: 03/06/1979 DOS: 10/24/2016

37 / M

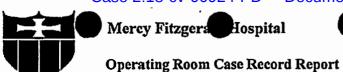
	Meds / X	Rays		
INTRAOP MEDS ON STERILE FIELD: Medica	tion: Y	Administ	ers prescribed meds and solutions:	Y
Medication Dose Bupivacaine w/ Epinephrine 0.5% /30 20 ML Single use Marcaine -MPF w EPI	<i>Unit</i> ml	Route Injection	Comment	
X-Rays: N/A				
	Specimens / Ca	ths / Drains		
Catheter Indwelling on Arrival: N/A				
Urinary Catheter: Y French Balloon 16 5cc	<i>Type</i> Foley	Ordered By	Inserted By KEYSER,ROBIN	,RN
Specimen: Y Specimen see meditech All Specimens Read Back and Verified: Y	Туре	Fixative	Comments	
Drains/Tubes: Y Type . Chest Tubes	<i>Size</i> 28 f 32f		Site right lung right lung	
Packing: N		Dressin	gs/Casts: Y Type Dermabond 4x4 Tegaderm	Site Chest Chest Chest
	Lase	er		
Laser Used: N/A				
	IntraOp S	Summary		
Patient in Room: 11:05 Anesthesia Start: 11:05 Anesthesia Type: General Anesthesia Transerred To: PACU	Proc Start Time: Proc End Time:		Anesthesia End Patient Out of Room Wound Class: IV- Infected	
Urinary Catheter: Y	Drains / Tubes		Packing	z: N
Dressings/Casts: Y	Implant			
Post OP Diagnosis: same as preop Actual Procedure Performed: see header				
Complications: N Type:		***************************************		
Evaluates postoperative tissue perfusion: Evaluates for signs/symptoms of electrical injury: Evaluates for signs/symptoms of chemical injury:	Y	Evaluates Eval	for signs of injury due to positioning uates for signs of injury to skin/tissu	g: Y e: Y

EFY NUGA, OLUTOKU

MIL F000515954

Acct #: FA1306093293

DOB: 03/06/1979 DOS: 10/24/2016 37 / M





DOS: 10	J/24/2010	
Outcome	Status	Staff
The patient has wound/tissue perfusion consistent with or improved from baseline levels establish	hed MET	Doherty, Meghan
preoperatively.		
The patient is free from signs and symptoms of injury caused by extraneous objects.	MET	Doherty, Meghan
The patient is free from signs and symptoms of chemical injury.	MET	Doherty, Meghan
The patient is free from signs and symptoms of electrical injury.	MET	Doherty, Meghan
The patient is free from signs and symptoms of injury related to positioning.	MET	Doherty, Meghan
The patient receives appropriate medication(s), safely administered during the perioperative perioderative periode	od. MET	Doherty, Meghan

Signature: Doherty, Meghan	Date Time:	10/24/2016 15:00	

Printed: 10/24/2016 15:00

Case Record Page 4 of 4

CE	On 7	/		Ca	se	2:1	8-c	v-0	0924	4-P[)	Doo	cum	ent	15-	4	F	ilec	05/	03/	18	P	age	e 1	4 0	85	4	H	LW,
SF G	, o,	٠.	- ()																}						Ø	My	rsuk.
N I I CA	FIM	1 4 90	,										Ź	150	7													£#	D.H.
, w >4	, , ,	1./	,,						ν	1,			. 1	-D1	D.	24	+					1			<i>a V</i>	,	0	ye	enen
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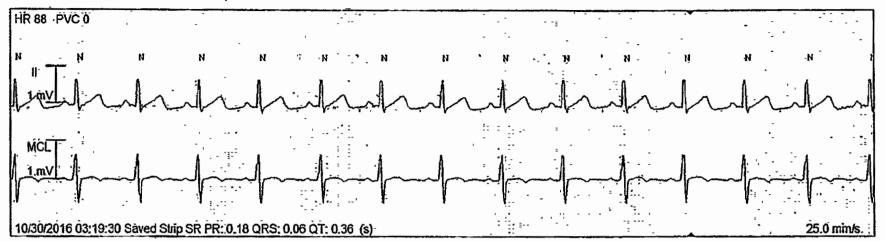
A member of Catholic Health East

POST ANESTHESIA NURSING RECORD

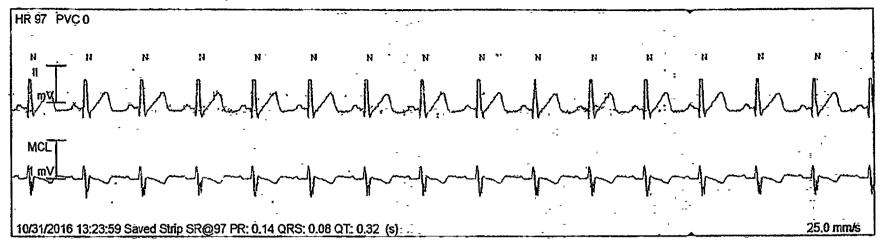
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M EKG		1	7	57	51	1	27	51	51	51	51	51	51	31	约			Inturbate ☐ Mask ☐ LMA, Paraesthesia ☐ No ☐ Yes
N ETCO2		re	7 JU	411	V 100	77	23	929	10	220	9/3	79	93	77	12			Dr. Heedle Withdrawn Needle Withdrawn Needle Withdrawn Catheter in Stenle Technique
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FLUIDS _	R	7						=						Z	1	24		Neck, Nose, Eyes, Ears Good
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EFUNNUGA, OLUTOKUNBO CRYSTAL COLL BLOOD FFP/PLT Report To FUNGSULO Arousable Non-reactive																		
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AIL								III)		-	A men	ber of	Mercy	/ Healt	h Sys	tem	

PRE-OP VISIT DATE 13/24/1AGE 37 HT 5/5" WT 93/4 MEDICATIONS	PROCEDURE: Thoraxcopy, VA15
A landid loveness (10 19 grang)	NPO p: luke feeds 78° ago
Paggl	Past Medical History:
Keldel	Day offerd and - Oder John Harik
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PREVIOUS ANESTHESIA	Bry Oktodise-Polygulstance Hapit Incertal poly Glaviona E Rise feelere Explos 1900 HIV DO (DICA; Cocare Manjin
A /	Coll consolidation : pleased offerior
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	Mechal with deem delinen
ALLERGIES	Phelidomyolyus - lachi a urdosis
YES NO	
PATIENT HX ANESTHESIA PROBLEMS FAMILY HX ANESTHESIA PROBLEMS SMOKING HX DRINKING/DRUG HX COMMENTS:	EFUNNUGA, OLUTOKUNEO M EFUNNUGA, OLUTOKUNEO M DOB: 03/06/1979 37 DOB: 10/07/16 ADM: 10/07/223089 MR:F001250247 ACC: FAL307223089
HGB/HCT 11.8 (549 INR / 3	ACC
Platelets PT JS- PTT	Spiridual
SMA-6 Bleeding Time min Other Lab/Studies	PICCO
Na CI BUN/Creat 150 CM G2 c 4/ 2	Preanesthesia assessment Applicand Applicand
133 98 /5/1.1 Clar Co Syst func	Lungs: LBL STED - 1941 Creation
K (S-A) CO ₂ GLU/10	Comments:
BP	PLAN
CXR	GEN ☐ Spinal ☐ Epidural ☐ MAC ☐ Axillary Block Anesthetic Plan, Risks vs. Benefits explained to patient
EKG	and/or guardian/ws/kw A-Line CVP/Sy/an Epidural/Spinal Narcotic
AIRWAY ASSESSMENT CIRCLE ONE	☐ Pt. Identified
□ Good Fair □ Poor Footh	CRNA Segnature
Neck providing micisms	4
Neck program accionate	Signature MD/D0
Mouth	
ASA Physical Status-Glass 1 2 3 (4) 5 E	General Olisto Jol

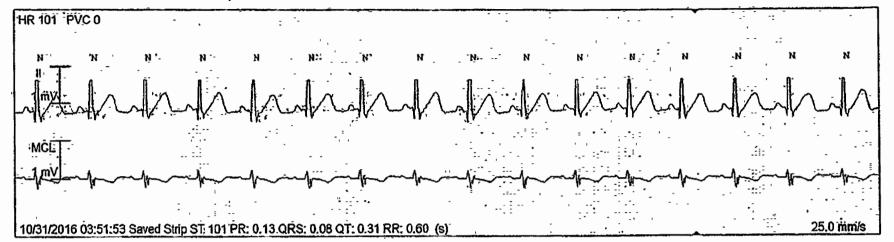


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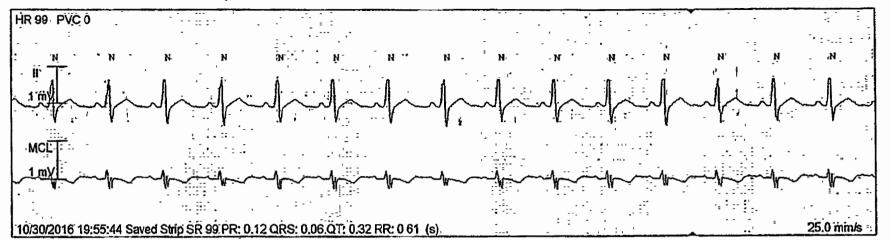


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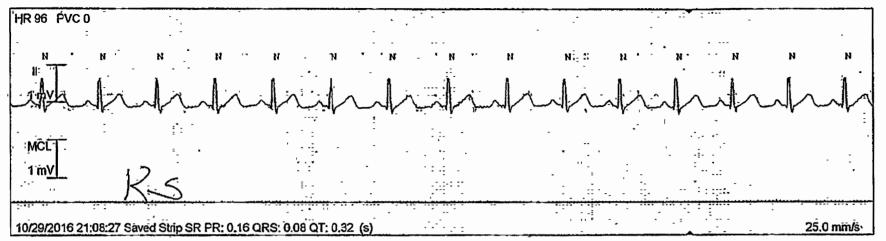






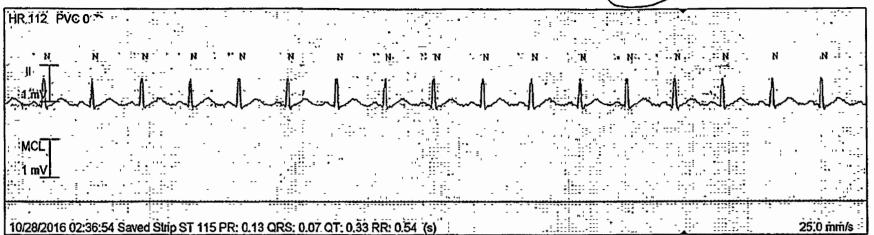


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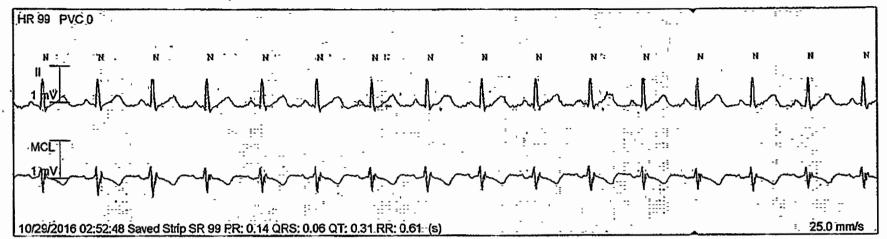


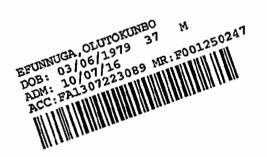


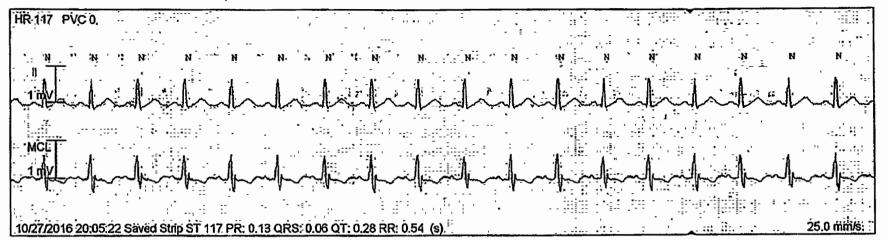
EFUNNUGA, OLUTOKUNBO
DOB: 03/06/1979 37 M
ADM: 10/07/16
ACC:FA1307223089 MR:F001250247

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Alarm Review 411-2 EFUNNUGA,O









PAGE 1 DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* Medication Administration Summary USER: MT Responsible Doctor LITTMAN, MARIO, MD Patient EFUNNUGA OLUTOKUNBO Location FI4PVA F001250247 Unit Number Account Number FA1307223089 Registered Date 10/07/16 Age/Sex 411 37/M Room Discharged Date 11/01/16 DIS IN Bed 02 Status Height 5 ft 7 in 170.18 cm Body Surface Area 1.92 m2 Weight 176 lb 5.92 oz 80 kg Hem-Onc No Transfers FROM: 417-02 TO: 411-02 on 10/29/16-0045 FROM: 506-01 TO: 417-02 on 10/27/16-1314 FROM: ERO06-1 TO: 506-01 on 10/07/16-0935 Drug Allergies No Known Allergies **ADRS** Creatinine Test Results LABORATORY Result Flag Normal Range Date Time Test 11/01/16 0659 CREA 0.9 0.8-1.4 mg/dL LATA2.5D - LATANOPROST 2.5 ML OPHTHALMIC DROPS 1 DROP (0.02666667 OPTHALMIC SOLUTIONS) Admin Route EYE BOTH DC Date 11/01/16-2054 Stop Date None Start Date 10/09/16-1800 Ordering Doctor AHANGAR, WASEEM MD 2 Total Charges \$17.50 Total Costs \$11.46 Total Dispensed Rx Number 001875485 Discontinue Comments DC'd by Discharge History 10/08/16 2102 - POM ORDER by COAHANGW 10/08/16 2113 - VERIFIED by FISPERAR Items Dispensed: 1 Doses Dispensed: 1 For: 10/09/16 - 1800 10/20/16 2052 - DEBIT by FILINC ITEMS: 1 by DISCHARGE Eff: 11/01/16 2054 11/01/16 2055 - DISCONTINUE FROM: DC COMMENTS: TO: DC COMMENTS: DC'd by Discharge Admin Date Time User Given Baq Reason Code Items Charge 10/09/16 1717 FIBRIGHM Y 1 (10/09/16) (1800) Dose: 1 DROP 1840 FIYOUNGS 1 10/10/16

(10/10/16) (1800) Dose: 1 DROP

PAGE 2 DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN MARIO, MD Location Unit Number F001250247 Account Number FA1307223089 FI4PVA 37/M 411 Registered Date 10/07/16 Age/Sex Room DIS IN Bed 02 Discharged Date 11/01/16 Status FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) 1909 FIYOUNGS 1 10/11/16 (10/11/16) (1800) Dose: 1 DROP 10/12/16 2153 FIMCGILM 1 (10/12/16) (1800) Dose: 1 DROP 1808 FIMCGILM 1 10/13/16 (10/13/16) (1800) Dose: 1 DROP 10/14/16 1 1841 FIMCCORJ (10/14/16) (1800) Dose: 1 DROP 1744 FIBEURKH 1 10/15/16 (10/15/16) (1800) Dose: 1 DROP 10/16/16 1732 FIBEURKH 1 (10/16/16) (1800) Dose: 1 DROP 10/17/16 1844 FIMCCARD 1 (10/17/16) (1800) Dose: 1 DROP 1815 FIBURKEK 10/18/16 1 (10/18/16) (1800) Dose: 1 DROP 10/19/16 1706 FIDONAHS 1 (10/19/16) (1800) Dose: 1 DROP 10/20/16 1956 FIDONAHS 1 (10/20/16) (1800) Dose: 1 DROP 1702 FIDONAHS 1 10/21/16 (10/21/16) (1800) Dose: 1 DROP 1 10/22/16 1851 FICAVANM1 (10/22/16) (1800) Dose: 1 DROP 1705 FICAVANM1 1 10/23/16 (10/23/16) (1800) Dose: 1 DROP 10/24/16 1734 FIYOUNGS 1 (10/24/16) (1800) Dose: 1 DROP 10/25/16 1644 FIYOUNGS 1 (10/25/16) (1800) Dose: 1 DROP 10/26/16 1746 FINOGAT 1 (10/26/16) (1800) Dose: 1 DROP 10/27/16 1907 FIWATSOK 1

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DATE: 11/03/16 @ 0002 N USER: MT	•	erald Hospital PHA : Administration Sum		PAGE 3
Patient EFUNNUGA OLUTOKUNBO Account Number FA1307223089 Age/Sex 37/M Status DIS IN	Location Room Bed	Responsible Docto FI4PVA 411 02	r LITTMAN,MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
EFUNNUGA, OLUTOKUNBO	FA13072	23089	(Contin	ued)
(10/27/16) (1800) Dose: 1 DRO	P			
10/28/16 2123 FIKIMJ (10/28/16) (1800) Dose: 1 DRO	Y P		1	
10/29/16 1616 FIHALLAM (10/29/16) (1800) Dose: 1 DRO	Y P		1	
10/30/16 1906 FIBLEILA (10/30/16) (1800) Dose: 1 DRO	Y P		1	
10/31/16 1721 FIMOSLEK (10/31/16) (1800) Dose: 1 DRO	Y P		1	
Admin Totals			23	

Mercy Fitzgerald Hospital PHA *LIVE* PAGE 4 DATE: 11/03/16 @ 0002 Medication Administration Summary USER: MT Responsible Doctor LITTMAN, MARIO, MD Patient EFUNNUGA OLUTOKUNBO F001250247 Location FI4PVA Unit Number Account Number FA1307223089 Registered Date 10/07/16 37/M 411 Age/Sex Room Discharged Date 11/01/16 DIS IN Bed 02 Status FA1307223089 (Continued) EFUNNUGA, OLUTOKUNBO PROP10VI9 - PROPOFOL 1000 MG/100 ML VIAL - 100 ML Admin Route IV CONT Site Duration 0 SEC Volume 100 Rate 0 MLS/HR Frequency .QOM (PRN) PAR= PRN REASON: RASS goal -1/-2 Start Date 10/07/16-0830 Stop Date None DC Date 10/07/16-1452 Ordering Doctor BORIKAR, MADHURA S MD Last Bag 0 Total Dispensed Total Costs \$21.35 Total Charges \$176.00 Rx Number 001873872 Protocol Condition Dose/Rate/Route <u>Instruction</u> START @5 MCG/KG/MIN TITRATE TO RASS GOAL SEDATION TITTRATION IF NEEDED 5 MCG/KG/MIN Q10MIN MAXIMUM DOSE 50 MCG/KG/MIN Warnings Type: MAINTENANCE Range : PROPOFOL (10 MG/1 ML) Condition: ALL COMMON INDICATIONS Warnings PROP10VI9: Unable to check dose ranges for MCG/KG/MIN (No Duration). History 10/07/16 0821 - POM ORDER by COBORIKM 10/07/16 0829 - VERIFIED by FIJASINT

by COLERMAG Eff: 10/07/16 1452

10/07/16 1116 - DEBIT by MBRIGHT ITEMS: 1 DOSES: 1

10/07/16 1455 - DISCONTINUE

EDIT DOCTOR: LERMAN, GABRIEL S DO EDIT SOURCE: Provider Source

DATE: 11/03/16 @ 0 USER: MT				ital PHA *: ation Summ			PAGE
Patient EFUNNUGA Account Number FA Age/Sex 37, Status DIS	1307223089	Location Room Bed			Unit Numb Registere	MARIO, MD mer F0012502 ad Date 10/07/16 ad Date 11/01/16	47
FUNNUGA, OLUTOKUNI	ВО	FA13072	23089			(Continued)	
Admin Route IV (Site Volume 1,0) Start Date 10/ Ordering Doctor	CONT 00 Rate 07/16-1015	: 1,000 ML Stop D	S/HR		Duration	1 HR 10/07/16-1114	
Last Bag 0 Total Dispensed Rx Number 001 Discontinue Com	. 0 874004	Total	Costs \$		Total C	Charges \$	
History 10/07/16 1007 - 10/07/16 1007 - 10/07/16 1114 - FROM: DC COMMEN' TO: DC COMMEN' Reached	- VERIFIED - DISCONTINUE TS:		Ьy	COKUMARNI FIREALID PHABKGJOB	Eff: 1	.0/07/16 1114	
dmin Date Time 1 .0/07/16 1012 1 .0/07/16) (1015)	FIBRIGHM Y		ason Code		<u>Items</u> _	<u>Charge</u> 0.00	
Admin Totals						0	

Case 2:18-cv-00924-PD Document 15-4 Filed 05/03/18 Page 31 of 85 Mercy Fitzgerald Hospital PHA *LIVE* DATE: 11/03/16 @ 0002 PAGE 6 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M 411 Registered Date 10/07/16 Room Status DIS IN Bed 02 Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV. SOLN - 1,000 ML Admin Route IV CONT Site Volume 1,000 Rate 175 MLS/HR Duration 5 HR 43 MIN Start Date 10/07/16-1500 Stop Date None DC Date 10/08/16-2300 Ordering Doctor LERMAN, GABRIEL S DO Last Bag 1 Total Dispensed Total Costs \$ Π Total Charges \$ Rx Number 001874431 Discontinue Comments Reached Renew Stop Date History 10/07/16 1458 - POM ORDER by COLERMAG 10/07/16 1505 - VERIFIED by FIANDERC 10/08/16 0045 - EDIT by COGOOCHJ EDIT DOCTOR: GOOCH, JOHN R MD EDIT SOURCE: Provider Source SIG: .Q8H RATE: 125 MLS/HR DURATION: 8 HR TO: SIG: .Q5H43M RATE: 175 MLS/HR DURATION: 5 HR 43 MIN 10/08/16 0045 - ADJUST ALL TIMES by COGOOCHJ FROM: 10/08/16-0700 TO: 10/08/16-0512 10/08/16 1500 - RENEW STOP FILED by SYSTEM 10/08/16 2300 - DISCONTINUE by RENEW STOP Eff: 10/08/16 2300 FROM: DC COMMENTS: TO: DC COMMENTS: Reached Renew Stop Date

١	10/07/16	Time User 1554 FIBRIGHM (1500) Rate: 125	Given Bag Reason Code Y MLS/HR	<u>Items</u> 1	<u>Charqe</u> 0.00
	10/07/16 (10/07/16)	2153 FIZIMMEC (2300) Rate: 125	Y MLS/HR	1	0.00
		0548 FIZIMMEC (0512) Rate: 175	Y MLS/HR	1	0.00

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DATE: 11/03/16 @ 0002 USER: MT	-	erald Hospita Administrat	al PHA *LIVE* ion Summary	PAGE 7
Patient EFUNNUGA OLUTOKUNE Account Number FA1307223009 Age/Sex 37/M Status DIS IN		_	e Doctor LITTMAN, MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
EFUNNUGA, OLUTOKUNBO	FA13072	23089	(Conti	nued)
10/08/16 1140 FIBRIGHM (10/08/16) (1055) Rate: 175			1	0.00
10/08/16 1704 FIBRIGHM (10/08/16) (1638) Rate: 175			1	0.00
10/08/16 2115 FIMCDEVD (10/08/16) (2221) Rate: 175			1	0.00
Admin Totals			6	0

DATE: 11/03/16 USER: MT	@ 0002 h		rald Hospital PF Administration		PAGE 8
Account Number Age/Sex	IGA OLUTOKUNEO FA1307223009 37∕M DIS IN		Responsible Do FI4PVA 411 02	ctor LITTMAN, MARI Unit Number Registered Da Discharged Da	F001250247 ate 10/07/16
EFUNNUGA, OLUTO	KUNBO	FA13072	23089	(Cor	ntinued)
RING100010 - R		,LACTATED 1	,000 ML IV.SOLN	- 1,000 ML	
Site Volume Start Date Ordering Doc	1,000 Ra 10/09/16-0115 tor BHARGAV	Stop Da	ate None	Duration 5 HF DC Date 10/1	
	sed 1	Total (Costs \$1.43	Total Charg	ges \$40.00
10/09/16 01: 10/09/16 02: ITEMS: 10/10/16 01: 10/10/16 08: EDIT DOC		FILED E DHURA S MD	by COBHAR by FISPER by FISPER by SYSTEM by COBORI	AR AR	0/16 0819
10/09/16 030	me <u>User</u> <u>G</u> 09 FIMCDEVD 15) Rate: 175 M	Y	ason Code _	<u>Items</u> 1	Charge 0.00
10/09/16 08: (10/09/16) (06!	26 FIBRIGHM 58) Rate: 175 M	-		1	0.00
	41 FIBRIGHM 41) Rate: 175 M	Y LS∕HR		1	0.00
10/09/16 183 (10/09/16) (183	29 FIBRIGHM 24) Rate: 175 M	y LS/HR		1	0.00
	59 FIMCDEVD 07) Rate: 175 M	Y LS∕HR		1	0.00
	47 FIMCDEVD 50) Rate: 175 M	Y LS/HR		1	0.00
10/10/16 06	59 FIHOKEL Rate: 175 M	Y LS∕HR		1	0.00
			_		

Admin Totals

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 9 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNEO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Registered Date 10/07/16 Age/Sex 37/M Room 411 02 Discharged Date 11/01/16 DIS IN Bed Status FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) SODI15PB - SODIUM PHOSPHATE 12 MMOL/250 ML NSS - 250 ML Admin Route IV Site Volume 250 Rate 83.333 MLS/HR Duration 3 HR Start Date 10/10/16-0830 Stop Date 10/10/16 1429 DC Date 10/10/16-1429 Total Volume to Infuse 500 mls Total Bags 2 Ordering Doctor BORIKAR, MADHURA S MD Last Bag 1 Total Dispensed 2 Total Costs \$6.88 Total Charges \$100.00 Rx Number 001876637 Discontinue Comments Reached Stop Date History 10/10/16 0820 - POM ORDER by COBORIKM 10/10/16 0823 - EDIT by FIANDERC FROM: DUPLICATE COMMENT: TO: DUPLICATE COMMENT: RPH 10/10/16 0823 - VERIFIED by FIANDERC Items Dispensed: 1 Doses Dispensed: 1 For: 10/10/16 - 0830 10/10/16 0858 - DEBIT by FIANDERC ITEMS: 1 10/10/16 1429 - DISCONTINUE by PHABKGJOB Eff: 10/10/16 1429 FROM: DC COMMENTS: TO: DC COMMENTS: Reached Stop Date Admin Date Time User Given Baq Reason Code
10/10/16 0948 FIHOKEL Y Items Charge 1 0.00 (10/10/16) (0830) Rate: 83.333 MLS/HR 10/10/16 1359 FIHOKEL 0.00 1 (10/10/16) (1130) Rate: 83.333 MLS/HR

2

Admin Totals

DATE: 11/03/16 USER: MT	@ 0002		erald Hospita Administrat	al PHA *LIVE* ion Summary		PAGE 10
Patient ETUNN Account Number Age/Sex Status	FA1307223089					5
EFUNNUGA, OLUTO	кииво	FA13072	223089		(Continued)	
RING100010 - R	INGERS SOLUTIO	ON, LACTATED 1	.,000 ML IV.S	OLN - 1,000 ML		
Start Date Ordering Doc Last Bag	1,000 F 10/10/16-0830 tor BORIK 0 sed 0	AR, MADHURA S	Date None		5 HR 10/11/16-1514 Charges \$	
10/10/16 08 10/11/16 08 10/11/16 15 EDIT DOC	20 - POM ORDER 23 - VERIFIED 30 - RENEW STO 17 - DISCONTIN TOR: KUMAR,NIT RCE: Provider	OP FILED NUE TISH MD	by FI by SY	DBORIKM ANDERC STEM OKUMARNI Eff: 1	0/11/16 1514	
Admin Date Ti 10/10/16 08 (10/10/16) (08	27 FIHOKEL	Y	eason Code	<u>Items</u> 1	<u>Charge</u> 0.00	
10/10/16 14 (10/10/16) (13	00 FIHOKEL 30) Rate: 200	Y MLS∕HR		1	0.00	
10/10/16 18 (10/10/16) (18	41 FIYOUNGS 30) Rate: 200	Y MLS∕HR		1	0.00	
10/11/16 01 (10/10/16) (23	55 FIDAMATV 30) Rate: 200	Y MLS∕HR		1	0.00	
10/11/16 04 (10/11/16) (04	45 FIDAMATV 30) Rate: 200	y Mls∕hr		1	0.00	
10/11/16 09 (10/11/16) (09	28 FIHOKEL 30) Rate: 200	Y MIS∕HR		1	0.00	
Admin Totals				 -	0	

DATE: 11/03/16 @ 0002 PAGE 11 Mercy Fitzgerald Hospital PHA *LIVE* Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M 411 Registered Date 10/07/16 Room DIS IN Bed 02 Discharged Date 11/01/16 Status FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) PROP10VI9 - PROPOFOL 1000 MG/100 ML VIAL - 100 ML Admin Route IV CONT Site 100 Volume Rate 0 MLS/HR Duration 0 SEC Frequency .QOM (PRN) PAR= PRN REASON: Rass -1 DC Date 10/14/16-0805 Start Date 10/10/16-2030 Stop Date None Ordering Doctor LERMAN, GABRIEL S DO Last Bag 0 Total Dispensed 12 Total Costs \$256.20 Total Charges \$2112.00 Rx Number 001877549 Protocol Condition Instruction Dose/Rate/Route START @5 MCG/KG/MIN TITRATE TO RASS GOAL SEDATION TITTRATION IF NEEDED 5 MCG/KG/MIN Q10MIN MAXIMUM DOSE 50 MCG/KG/MIN Warnings Type: MAINTENANCE PROPOFOL (10 MG/1 ML) Range: Condition: ALL COMMON INDICATIONS PROP10VI9: Unable to check dose ranges for MCG/KG/MIN (No Duration). Warnings History 10/10/16 2021 - POM ORDER by COLERMAG 10/10/16 2022 - VERIFIED by FILINC 10/10/16 2036 - DEBIT by SYOUNG ITEMS: 1 DOSES: 1 10/10/16 2048 - EDIT by FIYOUNGS FROM: TITRATION DOSE UNITS: TITRATION DOSE UNITS: MCG/KG/MIN by FIYOUNGS 10/10/16 2048 - WEIGHT BASED DOSING Ordered Rate: 0 MCG/KG/MIN Calculated Patient Weight: 93 KG (Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight) Rate: 0 MLS/HR 10/11/16 0840 - DEBIT by LHOKE ITEMS: 1 DOSES: 1 10/11/16 1853 - DEBIT by SYOUNG ITEMS: 1 DOSES: 1 10/12/16 0038 - DEBIT by VDAMATO

by LHOKE

ITEMS: 1

10/12/16 0815 - DEBIT

DOSES: 1

DATE: 11/03/ USER: MT	/16 @ 0002	Mercy Fitzge Medication				PAGE 1
	JNNUGA OLUTOKUNBO DEF FA1307223089 37/M DIS IN	Location Room Bed		ible Docto	or LITTMAN, MARIO, Unit Number Registered Date Discharged Date	F001250247 ∋ 10/07/16
EFUNNUGA, OLU	JTOKUNBO	FA13072	23089		(Cont:	inued)
10/12/16	MS: 1 DOSES: 1632 - DEBIT		Ьу	MMCGILL		
10/13/16	MS: 1 DOSES: 0119 - DEBIT		bу	VDAMATO		
10/13/16	MS: 1 DOSES: 0453 - DEBIT		Ъy	VDAMATO		
10/13/16	MS: 1 DOSES: 1121 - DEBIT		Ъу	LHOKE		
10/13/16	MS: 1 DOSES: 1647 - DEBIT	_	Ь у	MMCGILL		
10/13/16	MS: 1 DOSES: 2025 - DEBIT		bу	MMCGILL		
10/13/16	MS: 1 DOSES: 2030 - RENEW STO			SYSTEM		
ITE	0541 - DEBIT MS: 1 DOSES:	_	•	VDAMATO		
EDIT I	0805 - DISCONTIN DOCTOR: BORIKAR,M SOURCE: Provider	ADHURA S MD	by	COBORIKM	Eff: 10/14/	16 0805
10/10/16	Time <u>User</u> 2047 FIYOUNGS BY: FIKRETZJ Rate: 5.58	Y	eason Code		<u>Items</u> 1	<u>Charge</u>
10/11/16 COSIGNED F	0853 FIHOKEL BY: FIPOWELL Rate: 8.37	y MLS∕HR			1	
	1910 FIYOUNGS BY: FINOGAT Rate: 8.37	Y MTS/HR			1	
	0105 FIDAMATV BY: FIBURKEC Rate: 11.1	У			1	
10/12/16 COSIGNED I		У			1	
	0203 FIDAMATV BY: FICONNOJ Rate: 16.7				1	
	0502 FIDAMATV BY: FICONNOJ Rate: 16.7				1	
10/13/16	1126 FIHOKEL	У			1	

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DATE: 11/03/16 @ 0002 USER: MT			al PHA *LIVE* tion Summary	PAGE 1	3
Patient EFUNNUGA OLUTOKUNEG Account Number FA1307223009 Age/Sex 37/M Status DIS IN	Location Room Bed	-	le Doctor LITTMAN, MARIO, MD Unit Number F0012502 Registered Date 10/07/16 Discharged Date 11/01/16		
EFUNNUGA, OLUTOKUNBO	FA13072	23089	(Continued)		
COSIGNED BY: FIGILMAD Rate: 16.74 10/13/16 1655 FIMCGILM COSIGNED BY: FIBURKEK	MLS/HR		1		
Rate: 0 MLS 10/14/16 0546 FIDAMATV COSIGNED BY: FIWRIGHC	Y		1		
Rate: 8.37 Admin Totals	MLS/HR		10		

Mercy Fitzgerald Hospital PHA *LIVE* PAGE 14 DATE: 11/03/16 @ 0002 Medication Administration Summary USER: MT Responsible Doctor LITTMAN, MARIO, MD Patient EFUNNUGA OLUTOKUNBO F001250247 Location FI4PVA Unit Number Account Number FA1307223089 411 Registered Date 10/07/16 Age/Sex 37/M Room 02 Discharged Date 11/01/16 Status DIS IN \mathbf{Bed} EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 400 MCG (4 ML) in SODI100112 - SODIUM CHLORIDE 0.9% 100 ML IV.SOLN - 100 ML Admin Route IV CONT Site Duration 0 SEC Rate 0 MLS/HR Volume 104 Frequency .QOM (PRN) PAR= PRN REASON: RASS goal of 0 DC Date 10/15/16-1415 Start Date 10/14/16-0845 Stop Date None LERMAN, GABRIEL S DO Ordering Doctor Last Bag 0 Total Dispensed 9 Total Costs \$580.86 Total Charges \$4878.00 Rx Number 001881868 Protocol <u>Instruction</u> Condition Dose/Rate/Route 0.2 MCG/KG/HR TO RASS GOAL START @ NO > 0.1 MCG/KG/HR Q 30 MIN RATE CHANGES SHOULD BE MAX RATE 1.2 MCG/KG/HR Text MUST BE ORDERED BY AN INTENSIVIST Warnings Type: MAINTENANCE DEXMEDETOMIDINE HCL (200 MCG/2 ML) Range: Condition: ALL COMMON INDICATIONS DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration). Warnings History 10/14/16 0846 - POM ORDER by COLERMAG 10/14/16 0850 - EDIT by FIANDERC FROM: DUPLICATE COMMENT: DUPLICATE COMMENT: RPH 10/14/16 0850 - VERIFIED by FIANDERC 10/14/16 0851 - DEBIT by FIANDERC ITEMS: 1 10/14/16 0931 - EDIT by FIHOKEL FROM: TITRATION DOSE UNITS: TITRATION DOSE UNITS: MCG/KG/HR 10/14/16 0931 - WEIGHT BASED DOSING by FIHOKEL Ordered Rate: 0 MCG/KG/HR

(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

Calculated Patient Weight: 93 KG

DATE: 11/03/16 USER: MT	6 @ 0002	Mercy Fitze Medicatio	gerald Hosp n Administ				PAGE 1
	NGA OLUTOMUNEO FFA1307223089 37∕M DIS IN		Respons: FI4PVA 411 02	ible Docto			.6
EFUNNUGA, OLUTO	OKUNBO	FA1307	223089			(Continued)	
Rate: 0 10/14/16 10			bee	FIANDERC			
ITEMS:	1		_				
10/14/16 16 ITEMS:	1			FILINC			
10/14/16 20 ITEMS:			by	FILINC			
10/14/16 23 ITEMS:			by	FISACKSM			
10/15/16 02	243 - DEBIT		bу	FISACKSM			
ITEMS:	37 - DEBIT		Ьy	FISACKSM			
ITEMS: 10/15/16 08	: 1 345 - RENEW STO	P FILED		SYSTEM			
10/15/16 10 ITEMS:)12 - DEBIT : 1		Ь у	FIHARKIE			
	201 - DEBIT		Ъy	FIHARKIE			
10/15/16 14 EDIT DOC	116 - DISCONTIN CTOR: ZHANG,HON	GYU MD	by	COZHANGH	Eff: 1	.0/15/16 1415	
10/15/16 14	JRCE: Provider 116 - POM COPY 10001137530		Ъy	COZHANGH			
	31 FIHOKEL	Given Baq R Y MLS∕HR	eason Code		Items 1	Charge	
10/14/16 13 COSIGNED BY:	313 FIHOKEL FIBOWERA Rate: 29.0	Y 1 MLS∕HR			1		
.0/14/16 16 COSIGNED BY:		y 1 MLS∕HR			1		
.0/14/16 20 COSIGNED BY:		Y 1 MLS/HR			1		
10/14/16 23 COSIGNED BY:	337 FIMCCORJ FIZIMMEC Rate: 29.0	y 1 MLS/HR			1		
.0/15/16 03	06 FIMCCORJ	Y			1		

	DATE: 11/03/16 USER: MT	@ 0002		erald Hospita Administrati		PAGE 16
Admin Totals 6 RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV.SOLN - 1,000 ML Admin Route IV CONT Site Volume 1,000 Rate 100 MLS/HR Duration 10 HR Start Date 10/14/16-1130 Stop Date None DC Date 10/15/16-1141 Ordering Doctor AHANGAR, WASEEM MD Last Bag 0 Total Dispensed 0 Total Costs \$ Total Charges \$ Rx Number 001882114 History 10/14/16 1131 - POM ORDER by COAHANGW 10/14/16 1134 - VERIFIED by FIREALID 10/15/16 1130 - RENEW STOP FILED by SYSTEM 10/15/16 1142 - DISCONTINUE by COZHANGH Eff: 10/15/16 1141 EDIT DOCTOR: ZHANG, HONGYU MD EDIT SOURCE: Provider Source Admin Date Time User Given Baq Reason Code Items Charge 10/14/16 1225 FIHOKEL Y 1 0.00 10/14/16 2008 FINCCORJ Y 1 0.00 10/14/16 2008 FINCCORJ Y 1 0.00 10/14/16 (2130) Rate: 100 MLS/HR		FA1307223089 37/M	Location Room	FI4PVA 411	Unit Number Registered Da	F001250247 ate 10/07/16
Admin Route IV CONT Site Volume	EFUNNUGA, OLUTO	KUNBO	FA13072	23089	(Cor	ntinued)
Admin Route IV CONT Site Volume	Admin Totals	:			6	
Site	RING100010 - R	INGERS SOLUTIO	N,LACTATED 1	.,000 ML IV.S	DLN - 1,000 ML	
Volume		IV CONT				
Total Dispensed	Volume Start Date Ordering Doc	10/14/16-1130 tor AHANGA	Stop D			
10/14/16 1131 - POM ORDER by COAHANGW 10/14/16 1134 - VERIFIED by FIREALID 10/15/16 1130 - RENEW STOP FILED by SYSTEM 10/15/16 1142 - DISCONTINUE by COZHANGH Eff: 10/15/16 1141 EDIT DOCTOR: ZHANG, HONGYU MD EDIT SOURCE: Provider Source Admin Date Time User Given Baq Reason Code Items Charge 10/14/16 1225 FIHOKEL Y 1 0.00 (10/14/16) (1130) Rate: 100 MLS/HR 10/14/16 2008 FIMCCORJ Y 1 0.00 (10/14/16) (2130) Rate: 100 MLS/HR 10/15/16 0806 FIBEURKH Y 1 0.00	Total Dispen	sed 0	Total	Costs \$	Total Charg	ges \$
10/14/16 1225 FIHOKEL Y 1 0.00 (10/14/16) (1130) Rate: 100 MLS/HR 10/14/16 2008 FIMCCORJ Y 1 0.00 (10/14/16) (2130) Rate: 100 MLS/HR 10/15/16 0806 FIBEURKH Y 1 0.00	10/14/16 11 10/14/16 11 10/15/16 11 10/15/16 11 EDIT DOC	34 - VERIFIED 30 - RENEW STO 42 - DISCONTIN TOR: ZHANG, HON	P FILED UE GYU MD	by FII by SYS	REALID STEM	5/16 11 4 1
(10/14/16) (2130) Rate: 100 MLS/HR 10/15/16 0806 FIBEURKH Y 1 0.00	10/14/16 12	25 FIHOKEL	Y	eason Code		
			-		1	0.00
			-		1	0.00

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 17 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M 411 Registered Date 10/07/16 Room Discharged Date 11/01/16 DIS IN \mathbf{Bed} 82 Status

(Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 400 MCG (4 ML) in SODI100I12 - SODIUM CHLORIDE 0.9% 100 ML IV.SOLN - 100 ML

Admin Route IV CONT

EFUNNUGA, OLUTOKUNBO

Site

Volume 104 Rate 0 MLS/HR Duration 0 SEC

FA1307223089

Frequency .QOM (PRN) PAR= PRN REASON: RASS goal of 0

Start Date 10/15/16-1415 Stop Date None DC Date 10/16/16-2215

Ordering Doctor ZHANG, HONGYU MD

Last Bag 0

Total Dispensed 8 Total Costs \$516.32 Total Charges \$4336.00

Rx Number 001883033

Protocol

 Condition
 Dose/Rate/Route
 Instruction

 START @
 0.2 MCG/KG/HR
 TO RASS GOAL

 RATE CHANGES SHOULD BE
 NO > 0.1 MCG/KG/HR
 Q 30 MIN

MAX RATE 1.2 MCG/KG/HR

Text
MUST BE ORDERED BY AN INTENSIVIST

Warnings

Type: MAINTENANCE

Range: DEXMEDETOMIDINE HCL (200 MCG/2 ML)

Condition: ALL COMMON INDICATIONS

Warnings DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

Discontinue Comments Reached Renew Stop Date

History

10/15/16 1416 - POM COPY AND EDIT by COZHANGH FROM: Rx #001881868

10/15/16 1443 - EDIT by FIJASINT

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/15/16 1443 - VERIFIED by FIJASINT 10/15/16 1523 - EDIT by FIBEURKH

FROM:

TITRATION DOSE UNITS:

TO:

TITRATION DOSE UNITS: MCG/KG/HR

10/15/16 1523 - WEIGHT BASED DOSING by FIBEURKH

Ordered Rate: 0 MCG/KG/HR

Calculated Patient Weight: 93 KG

(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

DATE: 11/03/ USER: MT	16 @ 0002	Mercy Fitzgo Medication						PAGE 18
	NNUGA OLUTOKUNEO EF FA1307223089 37/M DIS IN	Location Room Bed		ible Doctor	Unit Numb Register	ber ed Date	MD F0012502 10/07/16 11/01/16	47
EFUNNUGA, OLU	токинво	FA13072	23089			(Conti	nued)	
10/15/16	O MLS/HR 1545 - DEBIT IS: 1		by	FIKOPPJ				
	1832 - DEBIT IS: 1		by	FIJASINT				
10/16/16	0040 - DEBIT IS: 1		Ъ у	FISACKSM				
10/16/16	0545 - DEBIT IS: 1		bу	FISACKSM				
10/16/16	0917 - DEBIT IS: 1		Ъ у	FIHARKIE				
10/16/16	1148 - DEBIT IS: 1		by	FIHARKIE				
10/16/16 10/16/16	1415 - RENEW STO 1610 - DEBIT IS: 1	P FILED		SYSTEM FIJASINT				
10/16/16	1821 - DEBIT		by	FIJASINT				
10/16/16 FROM: DC C TO: DC C	IS: 1 2215 - DISCONTIN COMMENTS: COMMENTS: Bached Renew Stop		by	RENEW STOR	P Eff: 1	10/16/1	6 2215	
10/15/16	Time User 1523 FIBEURKH BY: FIBRIGHM Rate: 29.0	Y	eason Code		Items 1		<u>Charqe</u>	
	2305 FIREVAKN NY: FIBANGY Rate: 29.0	Y 1 MLS∕HR			1			
	1222 FIBEURKH WY: FIMAXWEM Rate: 29.0	Y 1 MLS∕HR			1			
	2210 FIREVAKN W: FIIFFRIN Rate: 29.0	Y 1 MLS/HR			1			
Admin Tota	ıls				4			

	ase 2.10-CV-00							
DATE: 11/03/1 USER: MT	16 @ 0002	Mercy Fitzgo Medication						PAGE 19
	NNUGA OLUTOKUNE			ible Docto				
	er FA1307223089 37/M		FI4PVA 411		Unit Nu		F0012502	
Age/Sex Status	DIS IN	Room Bed	02			red Date ged Date		
EFUNNUGA, OLUT		FA13072				(Contin		
- CI ONNOCK, OLO						(CONCIL		
SODI100019 -	SODIUM CHLORII	DE 0.9% 1,000	ML IV.SOL	V - 1,000	ML			
Admin Route Site	∍ IV CONT							
Volume	1,000	Rate 100 MLS/	'HR		Duration	10 HR		
Ordering Do	10/16/16-1100 octor ZHANC		Date None		DC Date	∍ 10/17/1	6-1112	
Last Bag	0	T-1 1	C			6 1		
	e nsed 0 001883698	lotal	Costs \$		lotal	Charges	\$	
History 10/16/16 1	1110 - POM ORDE	TD	bu	COZHANGH				
	1121 - EDIT		•	FIJASINT				
FROM:			•					
DUPLI TO:	ICATE COMMENT:							
	CATE COMMENT:	RPH						
	1121 - VERIFIEI		by	FIJASINT				
	1100 - RENEW ST			SYSTEM				
	l116 - DISCONTI OCTOR: BORIKAR,		bу	COBORIKM	Eff:	10/17/16	1112	
	OURCE: Provider							
	Time User		ason Code		Items	C	harqe	
	201 FIBEURKH 100) Rate: 10(Y NLS∕HR			1		0.00	
	1955 FIREVAKN	Y			1		0.00	
	2100) Rate: 100	_			1		0.00	
	444 FIREVAKN	Y			1		0.00	
(10/17/16) (0)700) Rate: 100	MLS/HR						
Admin Total	le.				3		0	
MONTH 10001	-				J		U	

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 20 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 Status DIS IN Bed 02 Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 400 MCG (4 ML) in SODI100112 - SODIUM CHLORIDE 0.9% 100 ML IV.SOLN - 100 ML Admin Route IV CONT Site Volume 104 Rate 0 MLS/HR Duration 0 SEC Frequency .QOM (PRN) PAR= PRN REASON: RAS GOAL OF 0 Start Date 10/16/16-2300 Stop Date None DC Date 10/18/16-0700 Ordering Doctor MALIK, AMMAR M MD Last Bag 0 Total Dispensed Total Costs \$645.40 Total Charges \$5420.00 Rx Number 001884137 Protocol Condition Dose/Rate/Route Instruction START @ 0.2 MCG/KG/HR TO RASS GOAL RATE CHANGES SHOULD BE $NO \rightarrow 0.1 MCG/KG/HR$ Q 30 MIN MAX RATE 1.2 MCG/KG/HR Text MUST BE ORDERED BY AN INTENSIVIST Warnings Type: MAINTENANCE Range : DEXMEDETOMIDINE HCL (200 MCG/2 ML) Condition: ALL COMMON INDICATIONS Warnings DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration). Discontinue Comments Reached Renew Stop Date History 10/16/16 2252 - POM ORDER by COMALIA 10/16/16 2305 - EDIT by FISACKSM FROM: DUPLICATE COMMENT: TO: DUPLICATE COMMENT: RPH 10/16/16 2305 - VERIFIED by FISACKSM 10/16/16 2318 - DEBIT by FISACKSM ITEMS: 1 10/17/16 0238 - DEBIT by FISACKSM ITEMS: 1 10/17/16 0315 - EDIT by FIREVAKN FROM: TITRATION DOSE UNITS: TITRATION DOSE UNITS: MCG/KG/HR

by FIREVAKN

10/17/16 0315 - WEIGHT BASED DOSING

Mercy Fitzgerald Hospital PHA *LIVE* PAGE 21 DATE: 11/03/16 @ 0002 Medication Administration Summary USER: MT Responsible Doctor LITTMAN, MARIO, MD Patient EFUNNUGA OLUTOKUNBO Account Number FA1307223089 Unit Number F001250247 Location FI4PVA Registered Date 10/07/16 37/M 411 Age/Sex Room Discharged Date 11/01/16 DIS IN Bed 02 Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) Ordered Rate: 0 MCG/KG/HR Calculated Patient Weight: 93 KG (Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight) Rate: 0 MLS/HR 10/17/16 0624 - DEBIT by FISACKSM ITEMS: 1 10/17/16 1001 - DEBIT by FICARSOM ITEMS: 1 by FILINC 10/17/16 1325 - DEBIT ITEMS: 1 by FILINC 10/17/16 1648 - DEBIT ITEMS: 1 10/17/16 2014 - DEBIT by FILINC ITEMS: 2 10/17/16 2300 - RENEW STOP FILED by SYSTEM 10/18/16 0126 - DEBIT by FISPERAR ITEMS: 1 10/18/16 0512 - DEBIT by FISPERAR ITEMS: 1 10/18/16 0700 - DISCONTINUE by RENEW STOP Eff: 10/18/16 0700 DC COMMENTS: TO: DC COMMENTS: Reached Renew Stop Date Given Baq Reason Code Items Admin Date Time User Charge 0315 FIREVAKN 10/17/16 COSIGNED BY: FIYOUNGS Rate: 29.01 MLS/HR 0639 FIREVAKN 10/17/16 1 COSIGNED BY: FIFALKEC Rate: 29.01 MLS/HR 10/17/16 1341 FIMCCARD 1 COSIGNED BY: FIDALISA1 Rate: 29.01 MLS/HR 2042 FIROSSIA 10/17/16 COSIGNED BY: FIMCCORJ Rate: 30 MLS/HR 10/17/16 2343 FIROSSIA 1 COSIGNED BY: FIMCCORJ Rate: 29.01 MLS/HR 10/18/16 0316 FIROSSIA 1

COSIGNED BY: FIMCCORJ

Rate: 30 MLS/HR

DATE: 11/03/16	@ 0002	Mercy Fitzge	erald Hospit	al PHA *LIVE			PAGE 22
USER: MT		Medication	Administra	tion Summary			
,				Reg	t Number istered Da	0, MD F0012502 te 10/07/16 te 11/01/16	47
EFUNNUGA, OLUTO	KUNBO	FA13072	23089		(Con	tinued)	
10/18/16 06 COSIGNED BY:		Y LS∕HR			1		
Admin Totals					7		
SODI100013 - S	ODIUM CHLORIDE	0.45% 1,000	ML IV.SOLN	- 1,000 ML			
Admin Route							
Start Date Ordering Doc	1,000 R 10/17/16-1115 tor BORIKA	Stop D	ate None		ation 10 H Date 10/1		
Last Bag Total Dispen Rx Number		Total	Costs \$	Т	otal Charg	es \$	
Discontinue	Comments Reach	ed Renew Sto	p Date				
10/17/16 11 10/18/16 11 10/18/16 19 FROM: DC COM: TO:		P FILED	by F by S	OBORIKM IREALID YSTEM ENEW STOP	Eff: 10∕18	∕16 1915	
DC COMI Reaci	MENTS: hed Renew Stop	Date					
Admin Date Ti 10/17/16 11 (10/17/16) (11	59 FIMCCARD	Y	eason Code	It	<u>ems</u> 1	<u>Сћатде</u> 0.00	
10/17/16 21 (10/17/16) (21	09 FIROSSIÅ 15) Rate: 100	Y MLS/HR			1	0.00	
10/18/16 06 (10/18/16) (07	55 FIROSSIA 15) Rate: 100	Y MLS∕HR			1	0.00	
10/18/16 16 (10/18/16) (17	36 FIBURKEK 15) Rate: 100	Y MLS/HR			1	0.00	
Admin Totals					4	0	

Case 2:18-cv-00924-PD Document 15-4 Filed 05/03/18 Page 48 of 85 DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 23 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M 411 Registered Date 10/07/16 Room DIS IN Status Bed 02 Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 800 MCG (8 ML) in SODI250112 - SODIUM CHLORIDE 0.9% 250 ML IV.SOLN - 200 ML Admin Route IV CONT Site Volume 208 Rate 0 MLS/HR Duration 0 SEC Frequency .QOM (PRN) PAR= PRN REASON: AG - AGITATION DC Date 10/19/16-1035 Start Date 10/18/16-0830 Stop Date None LOZADA, JAMES A MD Ordering Doctor Last Bag O Total Dispensed Total Costs \$511.84 Total Charges \$4298.00 Rx Number 001885827 Protocol Condition Dose/Rate/Route Instruction START @ 0.2 MCG/KG/HR TO RASS GOAL RATE CHANGES SHOULD BE $NO \rightarrow 0.1 MCG/KG/HR$ Q 30 MIN MAX RATE 1.2 MCG/KG/HR Text MUST BE ORDERED BY AN INTENSIVIST Warnings Type: MAINTENANCE DEXMEDETOMIDINE HCL (200 MCG/2 ML) ALL COMMON INDICATIONS Condition: Warnings DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration). History 10/18/16 0819 - POM ORDER by COLOZADJ 10/18/16 0821 - EDIT by FIANDERC FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/18/16 0821 - VERIFIED by FIANDERC 10/18/16 0821 - DEBIT by FIANDERC

ITEMS: 1

10/18/16 0852 - EDIT by FIGILMAD

FROM:

TITRATION DOSE UNITS:

TO:

TITRATION DOSE UNITS: MCG/KG/HR

10/18/16 0852 - WEIGHT BASED DOSING by FIGILMAD

Ordered Rate: 0 MCG/KG/HR

Calculated Patient Weight: 93 KG

(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

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DATE: 11/0 USER: MT	03/16 @ 0002	Mercy Fitzge Medication				PAGE 24
	FUNNUGA OLUTOKUNE maber FA1307223089 37/M DIS IN			ible Docto	or LITTMAN, MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
EFUNNUGA, C	DLUTOKUNBO	FA13072	23089		(Contin	ued)
10/18/1	e: 0 MLS/HR 16 1631 - DEBIT TEMS: 1		by	FILINC		
10/18/1	L6 2044 - DEBIT		bу	FILINC		
10/19/1	L6 0207 - DEBIT		by	FISPERAR		
	16 0830 - RENEW ST	OP FILED	bv	SYSTEM		
10/19/1	16 1036 - DISCONTI	NUE	by	COBORIKM	Eff: 10/19/16	1035
EDIT	DOCTOR: BORIKAR,	MADHURA S MD	-			
EDIT	SOURCE: Provider	Source				
10/19/1	L6 1036 - POM COPY	AND EDIT	by	COBORIKM		
TO:	Rx #U001140252					
	e Time User		eason Code			<u>Charge</u>
10/18/16	0852 FIGILMAD	Y			1	
COSIGNE	BY: FIHOKEL					
	Rat e : 29.	01 MLS/HR				
10/18/16	1144 FIGILMAD	A			1	
COSIGNEI	BY: FIDALISA1					
	Rate: 29.	01 MLS/HR				
10/18/16	1816 FIBURKEK	Y			1	
COSIGNE	D BY: FICAMPBD					
	Rate: 29.	01 MLS/HR				
10/19/16	0149 FIROSSIA	Y			1	
COSIGNE) BY: FIDAMATV					
	Rate: 30	MLS/HR				
10/19/16	0904 FIGILMAD	Y			1	
COSIGNED	BY: FIPOWELL					
	Rate: 29.	01 MLS/HR				
	-					
Admin To	otals				5	

DATE: 11/03/16 @ 0002 PAGE 25 Mercy Fitzgerald Hospital PHA *LIVE* USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 02 Status DIS IN Bed Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) SODI100013 - SODIUM CHLORIDE 0.45% 1,000 ML IV.SOLN - 1,000 ML Admin Route IV CONT Site Volume 1,000 Rate 100 MLS/HR Duration 10 HR Start Date 10/18/16-2045 Stop Date 10/19/16 2044 DC Date 10/19/16-2044 MALIK,AMMAR M MD Ordering Doctor Last Bag Ω Total Dispensed Ω Total Costs \$ Total Charges \$ Rx Number 001886751 Discontinue Comments Reached Stop Date History 10/18/16 2044 - POM ORDER by COMALIA 10/18/16 2045 - VERIFIED bv FISPERAR 10/19/16 2044 - DISCONTINUE by PHABKGJOB Eff: 10/19/16 2044 FROM: DC COMMENTS: TO: DC COMMENTS: Reached Stop Date Time User Given Baq Reason Code
2052 FIROSSIA Y Items <u>Admin Date Time User</u> Charge 10/18/16 1 0.00 (10/18/16) (2045) Rate: 100 MLS/HR 0506 FIROSSIA 0.00 (10/19/16) (0645) Rate: 100 MLS/HR 10/19/16 1452 FIGILMAD 0.00 (10/19/16) (1645) Rate: 100 MLS/HR

3

Λ

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 26 USER: MT Medication Administration Summary

Patient EFUNNUGA OLUTOKUNEO Responsible Doctor LITTMAN, MARIO, MD

Account Number FA1307223089 Location FI4PVA Unit Number F001250247

Age/Sex 37/M Room 411 Registered Date 10/07/16

Status DIS IN Bed 02 Discharged Date 11/01/16

EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 800 MCG (8 ML) in SODI250112 - SODIUM CHLORIDE 0.9% 250 ML IV.SOLN - 200 ML

Admin Route IV CONT

Site

Volume 208 Rate 0 MLS/HR Duration 0 SEC

Frequency .QOM (PRN) PAR= PRN REASON: AG - AGITATION

Start Date 10/19/16-1034 Stop Date None DC Date 10/20/16-1046

Ordering Doctor BORIKAR, MADHURA S MD

Last Bag 0

Total Dispensed 2 Total Costs \$255.92 Total Charges \$2149.00

Rx Number 001887423

Protocol

 Condition
 Dose/Rate/Route
 Instruction

 START @
 0.2 MCG/KG/HR
 TO RASS GOAL

 RATE CHANGES SHOULD BE
 NO > 0.1 MCG/KG/HR
 Q 30 MIN

MAX RATE 1.2 MCG/KG/HR

Text

MUST BE ORDERED BY AN INTENSIVIST

Warnings

Type: MAINTENANCE

Range: DEXMEDETOMIDINE HCL (200 MCG/2 ML)

Condition: ALL COMMON INDICATIONS

Warnings DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

History

10/19/16 1036 - POM COPY AND EDIT by COBORIKM

FROM: Rx #001885827

10/19/16 1050 - EDIT by FIREALID

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/19/16 1051 - VERIFIED by FIREALID 10/19/16 1152 - EDIT by FIGILMAD

FROM:

TITRATION DOSE UNITS:

TO:

TITRATION DOSE UNITS: MCG/KG/HR

10/19/16 1152 - WEIGHT BASED DOSING by FIGILMAD

Ordered Rate: 0 MCG/KG/HR

Calculated Patient Weight: 93 KG

(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

Rate: 0 MLS/HR

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Catient EFUNNUGA Coccount Number FA13 sge/Sex 37/M Status DIS	07223089	Location Room Bed		ible Docto	r LITTMAN Unit Num Register Discharg	ber ed Date	F001250247 10/07/16
FUNNUGA, OLUTOKUNBO		FA1307	223089			(Contin	ued)
10/19/16 1655 -	DEBIT		by	FILINC			
ITEMS: 1 10/20/16 0218 - ITEMS: 1	DEBIT		bу	FISPERAR			
10/20/16 1034 -			•	SYSTEM			
10/20/16 1046 - EDIT DOCTOR: EDIT SOURCE:	CHOWDHURY, J	UNAD MD	by	COCHOWDJ	Eff:	10/20/16	1046
10/20/16 1046 - TO: Rx #U0011	POM COPY AN		by	COCHOWDJ			
dmin Date Time Us 0/19/16 1152 FI COSIGNED BY: FIPO	GILMAD	Y	eason Code		<u>Items</u> 1	C	harqe
.0/19/16 1709 FI COSIGNED BY: FIBR R		Y MLS∕HR			1		
0/20/16 0310 FI COSIGNED BY: FIIF R		Y MLS∕HR			1		

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 28 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD F001250247 Account Number FA1307223089 Location FI4PVA Unit Number Registered Date 10/07/16 Age/Sex 37/M Room 411 Discharged Date 11/01/16 DIS IN Bed 02 Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV.SOLN - 1,000 ML Admin Route IV CONT Site Volume 1,000 Rate 100 MLS/HR Duration 10 HR Start Date 10/19/16-2330 DC Date 10/19/16-2338 Stop Date None Ordering Doctor PATEL, SANSKRUTI MD Last Bag 0 Total Dispensed Total Costs \$ Total Charges \$ Ω Rx Number 001888309 History by COPATESA 10/19/16 2320 - POM ORDER 10/19/16 2330 - EDIT by FISPERAR DUPLICATE COMMENT: TO: DUPLICATE COMMENT: BS 10/19/16 2330 - VERIFIED by FISPERAR 10/19/16 2342 - DISCONTINUE by COKHINEP Eff: 10/19/16 2338 EDIT DOCTOR: KHINE, PWINT P DO EDIT SOURCE: Provider Source Admin Date Time User Given Baq Reason Code 10/19/16 2330 FIMCDEVD N DC <u>Items</u> <u>Charge</u> 10/19/16 (10/19/16) (2330) Rate: 0 MLS/HR

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DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 29 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD F001250247 Account Number FA1307223089 Location FI4PVA Unit Number Registered Date 10/07/16 Age/Sex 37/M Room 411 DIS IN 02 Discharged Date 11/01/16 Status BedEFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) SODI100013 - SODIUM CHIORIDE 0.45% 1,000 ML IV.SOLN - 1,000 ML Admin Route IV CONT Site Volume 1,000 Rate 100 MLS/HR Duration 10 HR Start Date 10/19/16-2345 DC Date 10/20/16-1045 Stop Date None Ordering Doctor KHINE, PWINT P DO Last Bag 0 Total Dispensed Π Total Costs \$ Total Charges \$ Rx Number 001888328 History 10/19/16 2342 - POM ORDER by COKHINEP 10/19/16 2358 - VERIFIED by FISPERAR 10/20/16 1046 - DISCONTINUE by COCHOWDJ Eff: 10/20/16 1045 EDIT DOCTOR: CHOWDHURY, JUNAD MD EDIT SOURCE: Provider Source Time User Given Bag Reason Code
0013 FIMCDEVD Y <u>Admin Date Time User</u> Items Charge 10/20/16 0.00 (10/19/16) (2345) Rate: 100 MLS/HR Admin Totals

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 30 USER: MT Medication Administration Summary

Patient EFUNNUGA_OLUTOKUNEO
Account Number FA1307223009 Location FI4PVA Unit Number F001250247
Age/Sex 37/M Room 411 Registered Date 10/07/16
Status DIS IN Bed 02 Discharged Date 11/01/16

EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 800 MCG (8 ML) in SODI250112 - SODIUM CHLORIDE 0.9% 250 ML IV.SOLN - 200 ML

Admin Route IV CONT

Site

Volume 208 Rate 0 MLS/HR Duration 0 SEC

Frequency .QOM (PRN) PAR= PRN REASON: AG - AGITATION

Start Date 10/20/16-1045 Stop Date None DC Date 10/21/16-1000

Ordering Doctor CHOWDHURY, JUNAD MD

Last Bag 0

Total Dispensed 0 Total Costs \$ Total Charges \$

Rx Number 001888812

Protocol

 Condition
 Dose/Rate/Route
 Instruction

 START @
 0.2 MCG/KG/HR
 TO RASS GOAL

 RATE CHANGES SHOULD BE
 NO > 0.1 MCG/KG/HR
 Q 30 MIN

MAX RATE 1.2 MCG/KG/HR

Text

MUST BE ORDERED BY AN INTENSIVIST

Warnings

Type: MAINTENANCE

Range: DEXMEDETOMIDINE HCL (200 MCG/2 ML)

Condition: ALL COMMON INDICATIONS

Warnings DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

History

10/20/16 1046 - POM COPY AND EDIT by COCHOWDJ

FROM: Rx #001887423

10/20/16 1048 - EDIT by FIREALID

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/20/16 1048 - VERIFIED by FIREALID

10/21/16 1001 - DISCONTINUE by COHOWLAA Eff: 10/21/16 1000

EDIT DOCTOR: HOWLAND, AMANDA R MD EDIT SOURCE: Provider Source

DATE: 11/03/ USER: MT	16 @ 0002		erald Hospital : Administration		PAGE 3
	NNUGA OLUTOKUNI er FA1307223089 37/M DIS IN			Octor LITTMAN, MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
FUNNUGA, OLU	токимво	FA13072	23089	(Contin	nued)
Admin Rout Site Volume Start Date	e IV CONT	Rate 1,000 ML Stop D	ate 10/20/16 12	000 ML Duration 1 HR 59 DC Date 10/20/1	16-1259
Last Bag Total Disp Rx Number	0 ensed 0	Total	Costs \$	Total Charges	\$
10/20/16 FROM: DUPI TO: DUPI 10/20/16 10/20/16 FROM: DC C TO: DC C	1148 - POM ORDE 1151 - EDIT ICATE COMMENT: ICATE COMMENT: 1151 - VERIFIEI 1259 - DISCONT: OMMENTS: OMMENTS: ached Stop Date	RPH) :NUE	by COCHO by FIREA by FIREA by PHABA	LID	5 1259
0/20/16	<u>Time User</u> 1211 FIGILMAD 1200) Rate: 1,0	Y	<u>ason Code</u>	Items 0	<u>Charge</u> 0.00

DATE: 11/03/16 (USER: MT	@ 0002 M	ercy Fitzge Medication					PAGE 32
Patient DEUNNU	GA, OLUTOKUNBO		Respons	ible Doctor	LITTMAN, MAR	IO, MD	· · · · · · · · · · · · · · · · · · ·
Account Number		Location			Unit Number		247
Age/Sex	37∕M	Room	411		Registered Da	ate 10/07/1	6
Status	DIS IN	Bed	02		Discharged Da	ate 11/01/1	6
EFUNNUGA, OLUTOK	UNBO	FA13072	23089		(Co	ntinued)	
	V CONT 00 Rat 0/20/16-1915	e 1,000 ML Stop D	S/HR ate 10/20/		Duration 30 h		
Last Bag 0 Total Dispense Rx Number 0		Total	Costs \$		Total Char	ges \$	
10/20/16 1910 10/20/16 1940 FROM: DC COMMITTO:	4 - DISCONTINUE ENTS:	Ξ	by	COGEVORD FILINC PHABKGJOB	E ff: 10∕20	3∕16 19 44	
DC COMMI Reache Admin Date Time .0/20/16 1929 .10/20/16) (1919	ed Stop Date <u>User Gi</u> FIDONAHS	Y	<u>ason Code</u>		Items1	<u>Charge</u> 0.00	
Admin Totals					<u>_</u>		

DATE: 11/03/1 USER: MT	.6 @ 0002		erald Hospital l Administration		PAGE 33
	NUGA OLUTOKUNE F FA1307223089 37/M DIS IN		-	Octor LITTMAN, MARIO, M Unit Number F Registered Date 1 Discharged Date 1	001250247 0/07/16
EFUNNUGA, OLUT	COKUNBO	FA13072	23089	(Continu	ed)
Admin Route Site Volume Start Date	1,000 1,000 10/20/16-2215	Rate 1,000 ML Stop D	ate 10/20/16 23	000 ML Duration 1 HR 14 DC Date 10/20/16	-2314
Last Bag Total Dispo Rx Number	octor GEVOR 0 ensed 0 001889441 e Comments Reac	Total	Costs \$	Total Charges \$	
10/20/16 ; FROM: DUPL: TO: DUPL: 10/20/16 ; 10/20/16 ; FROM: DC CC	2203 - POM ORDE 2207 - EDIT CATE COMMENT: CATE COMMENT: 2207 - VERIFIED 2314 - DISCONTI OMMENTS: ached Stop Date	BS NUE	by COGEV by FISPE by FISPE by PHABK	RAR	2314
Admin Date 1 10/20/16 2	Time User 2233 FIDONAHS 2215) Rate: 1,0	Given Baq Re	ason Code		<u>arge</u> 0.00

DATE: 11/03/16 USER: MT	@ 0002		erald Hospital F Administration		PAGE 34
Patient DOWN Account Number Age/Sex Status			_	octor LITTMAN,MARIO, MI Unit Number FO Registered Date 10 Discharged Date 11	0012502 4 7 0/07/16
EFUNNUGA, OLUTO	KUNBO	FA13072	23089	(Continue	ed)
Admin Route Site Volume Start Date	IV CONT	ate 1,000 MI Stop D	ate 10/22/16 08	000 ML Duration 1 HR 14 DC Date 10/22/16-	-0814
Last Bag Total Dispen Rx Number	0 sed 0	Total	Costs \$	Total Charges \$	
10/22/16 07 FROM:	10 - POM ORDER 11 - EDIT ATE COMMENT:		by COCHO by FILIN		
10/22/16 07 10/22/16 08 FROM: DC COM TO: DC COM			by FILIN by PHABK	C GJOB Eff: 10/22/16 (0814
Admin Date Ti 10/22/16 07	me User (Y	eason Code		<u>arqe</u>).00
Admin Totals				1	

DATE: 11/03/16 USER: MT	0 0002 M	ercy Fitzge Medication						PAGE 3
	HUGA OLUTOKUNBO FA1307223089 37/M DIS IN	Location Room Bed	-	ble Docto	r LITTMAN, Unit Numb Registere Discharge	er ed Date	F0012502 10/07/16	
EFUNNUGA, OLUTO	KUNBO	FA13072	23089			(Contin	nued)	
Admin Route Site Volume Start Date Ordering Doo Last Bag Total Disper	1,000 Ra 10/22/16-0915 ctor MANN,RUI	te 1,000 MI Stop D PINDER K MD	.S/HR ate 10/22/	16 1014	Duration DC Date			
Histor y	Comments Reached 002 - POM ORDER 003 - EDIT	l Stop Date	Ьу	COMANNR FILINC				
DUPLIC TO: DUPLIC 10/22/16 09 10/22/16 10 FROM: DC COM TO: DC COM	CATE COMMENT: RPI CATE COMMENT: RPI 103 - VERIFIED 114 - DISCONTINUI IMENTS: IMENTS:			FILINC PHABKGJOB	Eff: 1	10/22/16	5 1014	
10/22/16 09	me <u>User G</u> 08 FICAVANM1 15) Rate: 1,000	Y	ason Code		Items 1		Charge 0.00	

DATE: 11/03/16 @ USER: MT				oital PHA * ration Sum				PAGE	36
Patient EFUNNUE Account Number F Age/Sex 3 Status D	A1307223089	Location Room Bed		ible Doctor	Unit Num Register	aber red Date	MD F0012502 10/07/16 11/01/16		
EFUNNUGA, OLUTOKU	INBO	FA13072	23089			(Conti	nued)		
Last Bag 0	7 CONT 00 Rate 0/23/16-0345 or GOOCH,JOE ed 0	₃ 1,000 ML Stop D IN R MD	S/HR ate 10/23	∕16 0 4 14			16-0414		
History 10/23/16 0346 10/23/16 0352 10/23/16 0414 FROM: DC COMME TO: DC COMME	- DISCONTINUE ENTS: ENTS:	Stop Date	by by	COGOOCHJ FISPERAR PHABKGJOB	Eff:	10/23/16	5 0414		
Reache Admin Date Time 10/23/16 0358 (10/23/16) (0345	FIDONAHS Y	!	ason Code		Items 1		<u>Charge</u> 0.00		
Admin Totals					1		0		

DATE: 11/03/1 USER: MT	6 @ 0002 h	Mercy Fitzge Medication				PAGE 37
Patient EFUN	NUGA OLUTOKUNBO		Respons	ible Doctor	r LITTMAN, MARIO,	MD
	r FA1307223089	Location	FI4PVA			F001250247
Age/Sex	37∕M	Room	411		Registered Date	10/07/16
Status	DIS IN	Bed	02		Discharged Date	11/01/16
EFUNNUGA, OLUT	окимво	FA13072	23089		(Contin	nued)
Admin Route Site Volume Start Date Ordering Do Last Bag	500 Ra 10/23/16-0515 ctor GOOCH,J 0 nsed 0	te 1,000 MI Stop D OHN R MD	S/HR		Duration 30 MIN DC Date 10/23/1 Total Charges	
Discontinue	Comments Reache	d Stop Date				
History						
	506 - POM ORDER			COGOOCHJ		
	533 - VERIFIED	-	-	FISPERAR	ECC 10.00.44	
FROM: DC CO TO: DC CO	544 - DISCONTINU MMENTS: MMENTS: ched Stop Date	<u>r</u>	Бу	PHABEGJOB	Eff: 10/23/16	0 U544
LO/23/16 0	ime <u>User </u>	Y	ason Code		<u>Items</u> (<u>Charge</u> 0.00
Admin Total:	s				1	

Case 2:18-cv-00924-PD Document 15-4 Filed 05/03/18 Page 63 of 85 Mercy Fitzgerald Hospital PHA *LIVE* DATE: 11/03/16 @ 0002 PAGE 38 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 DIS IN Discharged Date 11/01/16 Status Bed 02 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) PROP10VI9 - PROPOFOL 1000 MG/100 ML VIAL - 100 ML Admin Route IV CONT Site 100 Rate 0 MLS/HR Volume Duration 0 SEC .QOM (PRN) PAR= PRN REASON: rass 0 to -1 Frequency Stop Date None Start Date 10/24/16-1645 DC Date 10/25/16-1007 Ordering Doctor GEVORGYAN, DAVID MD Last Bag 0 Total Dispensed 1 Total Costs \$21.35 Total Charges \$176.00 Rx Number 001892970 Protocol Condition Dose/Rate/Route <u>Instruction</u> SEDATION START @5 MCG/KG/MIN TITRATE TO RASS GOAL TITTRATION IF NEEDED 5 MCG/KG/MIN Q10MIN MAXIMUM DOSE 50 MCG/KG/MIN Warnings MAINTENANCE Type: PROPOFOL (10 MG/1 ML) Range: Condition: ALL COMMON INDICATIONS PROP10VI9: Unable to check dose ranges for MCG/KG/MIN (No Duration). Warnings

History

 10/24/16
 1647 - POM ORDER
 by COGEVORD

 10/24/16
 1647 - MERGEDM
 by SYSTEM

Items Dispensed: on: 10/24/16-1646 Dispensing Machine: 5PAV User: HBEURKET

10/24/16 1650 - VERIFIED by FIANDERC 10/24/16 1650 - DEBIT by HBEURKET ITEMS: 1 DOSES: 1

10/24/16 1650 - EVALDM by FIANDERC

Dispensing machine transaction merged

Items Dispensed: on: 10/24/16-1646 Dispensing Machine: 5PAV User: HBEURKET

10/24/16 1655 - EDIT by FIBEURKH

FROM:

TITRATION DOSE UNITS:

TO:

TITRATION DOSE UNITS: MCG/KG/MIN

10/24/16 1655 - WEIGHT BASED DOSING by FIBEURKH

Ordered Rate: 0 MCG/KG/MIN

Calculated Patient Weight: 93 KG

(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

Rate: 0 MLS/HR

10/25/16 1008 - DISCONTINUE by COGEVORD Eff: 10/25/16 1007

EDIT DOCTOR: GEVORGYAN, DAVID MD

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 39 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Location FI4PVA Unit Number F001250247 Account Number FA1307223089 Registered Date 10/07/16 Age/Sex 37/M 411 Room DIS IN 02 Discharged Date 11/01/16 Status BedEFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) EDIT SOURCE: Provider Source Given Bag Reason Code <u>Items</u> Charge Admin Date Time User 10/24/16 1655 FIBEURKH Y COSIGNED BY: FIYOUNGS Rate: 22.32 MLS/HR Admin Totals RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV. SOLN - 1,000 ML Admin Route IV CONT Site Rate 60 MLS/HR Duration 16 HR 40 MIN Volume 1,000 Start Date 10/24/16-1800 Stop Date 10/24/16 1800 DC Date 10/24/16-1800 Ordering Doctor MARCOE, JEFFREY P MD Last Bag 0 Total Dispensed П Total Costs \$ Total Charges \$ Rx Number 001893026 History 10/24/16 1753 - EDIT by COMARCOJ EDIT DOCTOR: MARCOE, JEFFREY P MD EDIT SOURCE: Provider Source FROM: START: 10/24/16-1800 STOP: None SOFT STOP: START: 10/24/16-1800 STOP: 10/24/16-1800 SOFT STOP: 10/24/16 1753 - POM ORDER by COMARCOJ 10/24/16 1753 - DISCONTINUE by COMARCOJ Eff: 10/24/16 1800 EDIT DOCTOR: MARCOE, JEFFREY P MD EDIT SOURCE: Provider Source 10/24/16 1753 - VERIFIED by SYSTEM Verified in order to DC

DATE: 11/03/ USER: MT	16 @ 0002 I	Mercy Fitzge Medication					P	AGE 4
· · · · · · · · · · · · · · · · · · ·	NNUGA OLUTOKUNBO er FA1307223009 37/M DIS IN	Location Room Bed		ble Docto	r LITTMAN Unit Numl Registere Discharge	ber ed Date	F001250247 10/07/16	
FUNNUGA, OLU	TOKUNBO	FA13072	23089			(Contin	ued)	
Admin Rout Site Volume Start Date Ordering D Last Bag	1,000 Ra : 10/24/16-1800 Doctor MARCOE, 0 :ensed 0	te 60 MLS/H Stop D JEFFREY P M	R ate None		Duration DC Date		6-0842	
10/24/16 FROM: DUPI TO:	1753 - POM ORDER 1756 - EDIT .ICATE COMMENT: .ICATE COMMENT: RF	РН		COMARCOJ FIANDERC				
10/25/16 EDIT D	1756 - VERIFIED 0846 - DISCONTINU OCTOR: VALENTINO, OURCE: Provider S	DOMINIC J.	Ьy	FIANDERC COVALEND	Eff: :	10/25/16	0842	
10/24/16	Time User G 1800 FIYOUNGS 1800) Rate: 60 MI	Y	ason Code		<u>Items</u> 1		<u>Charge</u> 0.00	

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 41 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNEO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 DIS IN 02 Bed Status Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) DEXM200PB - DEXMEDETOMIDINE 200 MCG/ NSS 50 ML - 50 ML Admin Route IV CONT Site Volume 50 Rate 0 MLS/HR Duration 0 SEC Frequency .QOM (PRN) PAR= PRN REASON: RASS Goal 0 to -1 Start Date 10/25/16-0845 Stop Date None DC Date 10/25/16-1623 Ordering Doctor VALENTINO, DOMINIC J, DO Last Bag 0 Total Costs \$67.87 Total Charges \$559.25 Total Dispensed **Rx Number** 001893533 Protocol Condition Dose/Rate/Route Instruction START @ 0.2 MCG/KG/HR TO RASS GOAL 0 to -1 RATE CHANGES SHOULD BE NO > 0.1 MCG/KG/HR Q 30 MIN MAX RATE 1.2 MCG/KG/HR Text MUST BE ORDERED BY AN INTENSIVIST Warnings Type: MAINTENANCE Range: DEXMEDETOMIDINE IN 0.9 % NACL (200 MCG/50 ML) Condition: ALL COMMON INDICATIONS Warnings DEXM200PB: Unable to check dose ranges for MCG/KG/HR (No Duration). History 10/25/16 0847 - POM ORDER by COVALEND 10/25/16 0850 - EDIT by FIJASINT FROM: DUPLICATE COMMENT: TO: DUPLICATE COMMENT: RPH 10/25/16 0850 - VERIFIED by FIJASINT 10/25/16 0909 - DEBIT by DGILMAN ITEMS: 1 DOSES: 1 10/25/16 0919 - EDIT by FIGILMAD FROM: TITRATION DOSE UNITS: TO: TITRATION DOSE UNITS: MCG/KG/HR 10/25/16 0919 - WEIGHT BASED DOSING by FIGILMAD Ordered Rate: 0 MCG/KG/HR Calculated Patient Weight: 93 KG (Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

Rate: 0 MLS/HR

DATE: 11/03/1 USER: MT	6 @ 0002	Mercy Fitzg Medication	erald Hospit Administra			PAGE 42
			Responsib FI4PVA 411 02	le Docto	r LITTMAN, MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
EFUNNUGA, OLUT	OKUNBO	FA13072	223089		(Contin	ued)
EDIT DO	625 - DISCONTIN CTOR: REGAN, JOH URCE: Provider	IN E MD	by C	OREGANJ	Eff: 10/25/16	1623
10/25/16 0	ime User 919 FIGILMAD : FIDALISA1 Rate: 4.65	У	eason Code		Items C	<u>harqe</u>
Admin Total	s			-	1	
SODI500I21 -	SODIUM CHLORIDE	0.9% 500 MI	IV.SOLN -	500 ML		
Ordering Do Last Bag	500 F 10/26/16-1045 octor REGAN, 0 ensed 0	Stop I JOHN E MD	Oate 10/26/1	6 1114	Duration 30 MIN DC Date 10/26/1 Total Charges	
Discontinue	Comments Reach	ed Stop Date	=			
10/26/16 1 10/26/16 1 FROM: DC CO TO: DC CO Rea	043 - POM ORDER 050 - VERIFIED 114 - DISCONTIN MMENTS: MMENTS: ched Stop Date	IUE	by F	OREGANJ IREALID HABKGJOB	Eff: 10/26/16	1114
10/26/16 1	ime <u>User</u> 124 FIGILMAD 045) Rate: 1,00	Y	eason Code		Items C	<u>harge</u> 0.00
Admin Total	s				1	0

DATE: 11/03/16 USER: MT	@ 0002 1	Mercy Fitzge Medication		oital PHA *: ration Summ			PAGE 4
Patient Number Account Number Age/Sex Status	UGA OLUTOKUNBO FA1307223089 37/M DIS IN	Location Room Bed		ible Doctor	Unit Number Registered		16
EFUNNUGA, OLUTO	KUNBO	FA13072	23089		((Continued)	
Admin Route : Site Volume Start Date Ordering Doc	1,000 Ra 10/27/16-0845 tor IRIARTE	te 1,000 MI Stop D	S/HR ate 10/27		Duration 1	HR .0/27/16-0944	
Total Dispens	0 sed 0 001895589 Comments Reache		Costs \$		Total Ch	narges \$	
10/27/16 08 10/27/16 09 FROM: DC COM! TO: DC COM!	MENTS:	E	by	COIRIATB FIANDERC PHABKGJOB	Eff: 10	0/27/16 0944	
Admin Date Ti 10/27/16 08	hed Stop Date ne <u>User G</u> 54 FIMAXWEM 45) Rate: 1,000	Y	ason Code		Items	<u>Charge</u> 0.00	
Admin Totals						0	

ATE: 11/03/1 SER: MT	6 @ 0002		erald Hospital PHA Administration Su		PAGE 4
	NUGA OLUTOKUNEC r FA1307223089 37/M DIS IN			or LITTMAN, MARIO, MD Unit Number F001 Registered Date 10/0 Discharged Date 11/0	
FUNNUGA, OLUT	ОКИМВО	FA13072	23089	(Continued)	
Admin Route Site Volume Start Date	IV CONT 1,000 I 10/31/16-0745 e to Infuse 2,0	Rate 75 MIS/H Stop D		ML Duration 13 HR 20 MI DC Date 11/01/16-10	
Ordering Do Last Bag Total Dispe Rx Number	ctor SHETH, O nsed O	Total	Costs \$	Total Charges \$	
History 10/31/16 0 10/31/16 0 FROM: DUPLI	745 - POM ORDER	-	by COSHETHV by FIJASINT		
10/31/16 0 11/01/16 0 11/01/16 1 FROM: DC CO TO: DC CO	CATE COMMENT: F 746 - VERIFIED 745 - RENEW STO 024 - DISCONTIN MMENTS: MMENTS: ched Stop Date	P FILED	by FIJASINT by SYSTEM by PHABKGJO	B Eff: 11/01/16 102	4
	ime <u>User</u> 855 FIMOSLEK 745) Rate: 75 M	<u>Given Baq Re</u> Y KLS∕HR	ason Code	<u>Items</u> <u>Charq</u> 1 0.0	_

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 45 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD F001250247 Account Number FA1307223089 Location FI4PVA Unit Number Registered Date 10/07/16 Age/Sex 37/M Room 411 02 Discharged Date 11/01/16 DIS IN Bed Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) THIA100V6 - THIAMINE HCL 200 MG/2 ML VIAL - 100 MG (1 ML) FOLISVIA3 - FOLIC ACID 5 MG/ML 10ML - 1 MG (0.2 ML) in SODI100I12 - SODIUM CHLORIDE 0.9% 100 ML IV.SOLN - 100 ML Admin Route IV Site Volume 101.2 Rate 100 MLS/HR Duration 1 HR 1 MIN Start Date 10/07/16-1030 Stop Date None DC Date 10/10/16-1245 Ordering Doctor BORIKAR, MADHURA S MD Last Bag Total Charges \$353.00 Total Dispensed Total Costs \$37.76 Rx Number 001874059 History by COBORIKM 10/07/16 1031 - POM ORDER 10/07/16 1031 - NOW DOSE by COBORIKM Now Dose: 10/07/16 1030 10/07/16 1031 - KEEP NEXT DOSE by COBORIKM Keep Next Dose: 10/08/16 0900 10/07/16 1045 - VERIFIED by FIRECEVM Items Dispensed: 1 Doses Dispensed: 1 For: 10/07/16 - 1030 10/07/16 2145 - FILL Items Dispensed: 1 Doses Dispensed: 1 For: 10/08/16 - 0900 10/08/16 2145 - FILL Items Dispensed: 1 Doses Dispensed: 1 For: 10/09/16 - 0900 10/09/16 2145 - FILL Doses Dispensed: 1 Items Dispensed: 1 For: 10/10/16 - 0900 10/10/16 1247 - DISCONTINUE by COZHANGH Eff: 10/10/16 1245 EDIT DOCTOR: ZHANG, HONGYU MD EDIT SOURCE: Provider Source Time User Given Baq Reason Code
1119 FIBRIGHM Y Charge Admin Date Time User Items 0.00 10/07/16 1 (10/07/16) (1030) Rate: 100 MLS/HR 0909 FIBRIGHM 0.00 10/08/16 1 (10/08/16) (0900) Rate: 100 MLS/HR 0826 FIBRIGHM 0.00 10/09/16 1 (10/09/16) (0900) Rate: 100 MLS/HR

10/10/16

0827 FIHOKEL

(10/10/16) (0900) Rate: 100 MLS/HR

0.00

1

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DATE: 11/03/16			erald Hospital PHA		PAGE 46
USER: MT	;	Medication	Administration Su	mmary	
Account Number Age/Sex	IGA OLUTOKUNBO FA1307223009 37/M DIS IN	Location Room Bed		or LITTMAN, MARIO, MD Unit Number F0 Registered Date 10 Discharged Date 11	01250247 /07/16
EFUNNUGA, OLUTOR	KUNBO	FA13072	23089	(Continue	d)
Admin Totals				4	0
POTA20PI4 - POT	rassium chloride	20 MEQ/10	0 ML PIGGYBACK - 1	00 ML	
Admin Route 1 Site Volume	IV 100 Rat	e 50 MTS/H	R	Duration 2 HR	
Start Date	10/09/16-1015 tor BORIKAR,	Stop D	ate 10/09/16 1214	DC Date 10/09/16-	1214
Total Dispens	sed 1 001875798	Total	Costs \$1.90	Total Charges \$5	0.00
Discontinue (Comments Reached	Stop Date			
10/09/16 10: 10/09/16 10:			by COBORIKE by FIRECEVE by MBRIGHT		
FROM: DC COMM TO: DC COMM	14 - DISCONTINUE MENTS:		by PHABKGJO	OB Eff: 10/09/16 1	214
10/09/16 103	me <u>User Gi</u> 33 FIBRIGHM 15) Rate: 50 MLS	Y	ason Code		<u>rqe</u> .00
Admin Totals				1	0

Case 2:18-cv-00924-PD Document 15-4 Filed 05/03/18 Page 72 of 85 PAGE 47 DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNEO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 \mathbf{Bed} Discharged Date 11/01/16 Status DIS IN 02 FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) VANCIVIA12 - Vancomycin 1,000 MG/VIAL INJECTION - 1,750 MG in SODI500121 - SODIUM CHLORIDE 0.9% 500 ML IV.SOLN - 500 ML Admin Route IV Site

Volume 500 Rate 250 MLS/HR Duration 2 HR

Start Date 10/09/16-1030 Stop Date 10/09/16 1229 DC Date 10/09/16-1229

Ordering Doctor BORIKAR, MADHURA S MD Clinical Indication INFECTION - UNSPECIFIED

Last Bag

Total Costs \$33.85 Total Dispensed Total Charges \$328.00

Rx Number 001875820

Warnings

SINGLE DOSE Type:

Range: VANCOMYCIN HCL (1 GM) ALL COMMON INDICATIONS Condition:

Daily Dose Dosing range is 7.5 MG/KG/DAY - 30 MG/KG/DAY. Ordered dose of 0

MG/KG/DAY is below the Low Daily Dose. Factoring in variances, the range of values for this dose is Low: 683.12 MG High: 2,901.51 MG

Max: 2,901.51 MG.

General Warnings Elimination half-life is 4 - 11 hours

The patient's GLOMERULAR FILTRATION RATE is 57. This is lower than Renal

the 90 threshold, a drug dosage adjustment should be considered.

Discontinue Comments Reached Stop Date

History

10/09/16 1025 - POM ORDER by COBORIKM 10/09/16 1026 - EDIT by FIRECEVM

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/09/16 1026 - VERIFIED by FIRECEVM

Items Dispensed: 1 Doses Dispensed: 1

10/09/16 - 1030 For:

10/09/16 1229 - DISCONTINUE by PHABKGJOB Eff: 10/09/16 1229

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

1034 FIBRIGHM Y <u>Admin Date Time User</u> <u>Items</u> 10/09/16 1 0.00

(10/09/16) (1030) Rate: 250 MLS/HR

	ase 2.10-CV-009	2410 00	Cument 15	- Theu C	75/05/10	Page 73 01 03	
DATE: 11/03/16 USER: MT	@ 0002	Mercy Fitzg Medication	erald Hosp Administr				PAGE 48
	UGA OLUTOKUNBO FA1307223089 37/M DIS IN	Location Room Bed		ble Doctor	Unit Numb Register	MARIO, MD ber F001250 ed Date 10/07/1 ed Date 11/01/1	6
EFUNNUGA, OLUTO	KUNBO	FA13072	223089			(Continued)	
Admin Totals	:				1	0	
	COMYCIN 1.5 Gra	am /500 ML 1	NSS PIGGYBA	CK - 500 1	1L		
Ordering Doo Clinical Ind Last Bag	500 R 10/09/16-2100 ctor BORIKAN dication INFECT	R,MADHURA S ION - UNSPEC	Date None MD CIFIED			10/10/16-1225	
Total Disper Rx Number	nsed 2 001875821	Total	Costs \$14.	00	Total (Charges \$115.50	
10/09/16 10 FROM:	025 - POM ORDER 026 - EDIT CATE COMMENT:		•	COBORIKM FIRECEVM			
DUPLIC 10/09/16 10 10/09/16 21 ITEMS: 10/10/16 07 ITEMS: 10/10/16 12	1 DOSES:	1 1 JE	by by	FIRECEVM DMCDEVITT LHOKE CORUSSDA	Eff:	10/10/16 1225	
EDIT SOL <u>Admin Date Ti</u> 10/09/16 21	IRCE: Provider 9 ime User 9 .36 FIMCDEVD 1 .00) Rate: 250 1	Source Gi ven Baq Re Y	eason Code		<u>Items</u> 1	<u>Charqe</u> 0.00	
10/10/16 08 (10/10/16) (09	359 FIHOKEL 900) Rate: 250 1	Y MLS/HR			1	0.00	
Admin Totals	s					0	

DATE: 11/03/16 USER: MT	@ 0002 M	ercy Fitzge Medication					PAGE 49
	UGA OLUTOKUNBO FA1307223089 37/M DIS IN	Location Room Bed		ible Doctor	Unit Numb Registere	MARIO, MD er F001250 d Date 10/07/1 d Date 11/01/1	6
EFUNNUGA, OLUTO	KUNBO	FA13072	23089			(Continued)	
Admin Route Site Volume Start Date Ordering Doc Last Bag		e 100 MLS/ Stop D MADHURA S	HR ate 10/10/	⁄16 0929	Duration DC Date	1 HR 10/10/16-0929 harges \$50.00	
Rx Number	001876647 Comments Reached						
10/10/16 08 10/10/16 08 ITEMS: 10/10/16 09 FROM: DC COM TO: DC COM	1 DOSES: 1 29 - DISCONTINUE MENTS:	E	by by	COBORIKM FIANDERC LHOKE PHABKGJOB	Eff: 1	0/10/16 0929	
10/10/16 08	me User Gi 58 FIHOKEL 30) Rate: 100 MI	Y	ason Code		<u>Items</u> _	<u>Charge</u> 0.00	
Admin Totals						0	

DATE: 11/03/1	6 @ 0002 h		erald Hospital PHA Administration Su		PAGE 50
Account Number Age/Sex	NUGA OLUTOKUNBO r FA1307223089 37/M DIS IN			or LITTMAN, MARIO, MD Unit Number F00 Registered Date 10/ Discharged Date 11/	07/16
EFUNNUGA, OLUT	OKUNBO	FA13072	23089	(Continued	1)
CEFT2FRO - ce:	fTRIAXone SODIUM	2 Gram /10	O MI NSS PIGGYBACK	- 100 ML	
Ordering Do Clinical In	100 Ra 10/10/16-1030 ctor ASNANI, dication BACTERE	Stop D BHARTI, MD	HR Wate 10/10/16 1350	Duration 1 HR DC Date 10/10/16-1	350
Last Bag Total Dispe Rx Number	nsed 1	Total	Costs \$6.86	Total Charges \$56	. 75
10/10/16 1 Now Dose 10/10/16 1 Keep Ne: 10/10/16 1 10/10/16 1: ITEMS 10/10/16 1: EDIT DOGEDIT SOGEDIT	027 - POM ORDER 027 - NOW DOSE =: 10/10/16 103 027 - KEEP NEXT kt Dose: 10/11/ 058 - VERIFIED 117 - DEBIT : 1 DOSES: 1 354 - EDIT CTOR: BORIKAR, MA URCE: Provider S	DOSE 16 0900 DHURA S MD ource	by COASNANB by COASNANB by COASNANB by FIREALID by LHOKE by COBORIKM		
START 10/10/16 1: EDIT DO EDIT SO 10/10/16 1:	: 10/10/16-1030 354 - DISCONTINU CTOR: BORIKAR,MÄ URCE: Provider S 355 - POM COPY Å #U001133759	E DHURA S MD ource	10/16-1350 SOFT by COBORIKM by COBORIKM	Eff: 10/10/16 13	50
10/10/16 1		<u>iven Baq Re</u> Y LS∕HR	ason Code	Items Char 1 0.	00 as
Admin Total:	5			<u>_</u>	

Mercy Fitzgerald Hospital PHA *LIVE* DATE: 11/03/16 @ 0002 PAGE 51 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 Status DIS IN Bed 02 Discharged Date 11/01/16 FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) CEFT2FRO - cefTRIAXone SODIUM 2 Gram /100 ML NSS PIGGYBACK - 100 ML Admin Route IV Site Volume Rate 100 MLS/HR Duration 1 HR Start Date 10/10/16-2100 Stop Date None DC Date 10/12/16-1438 Ordering Doctor BORIKAR, MADHURA S MD Clinical Indication BACTEREMIA Last Bag 4 Total Dispensed 5 Total Costs \$34.30 Total Charges \$283.75 Rx Number 001877122 Discontinue Comments DNC PER DR MCNAMEE History 10/10/16 1355 - POM COPY AND EDIT by COBORIKM FROM: Rx #001876911 Result of Frequency/Schedule Edit Ordering Doctor: BORIKAR, MADHURA S MD Last Scheduled Administration Time: 10/10/16 - 1030 Last Actual Administration Time: 10/10/16 - 1124 Old Freq/Sch: DAILY (SCH) New Freq/Sch: Q12 (SCH) Old Order Stop: 10/10/16 - 1350 New Order Start: 10/10/16 - 2100 New Order Stop: 10/10/16 1358 - VERIFIED by FIREALID 10/10/16 2036 - DEBIT by SYOUNG ITEMS: 1 DOSES: 1 10/11/16 0823 - DEBIT by LHOKE ITEMS: 1 DOSES: 1 10/11/16 2011 - DEBIT by SYOUNG ITEMS: 1 DOSES: 1 10/12/16 0815 - DEBIT by LHOKE ITEMS: 1 DOSES: 1 10/12/16 0849 - DEBIT by LHOKE ITEMS: 1 DOSES: 1 10/12/16 1438 - DISCONTINUE by FIREALID Eff: 10/12/16 1438 EDIT DOCTOR: BORIKAR, MADHURA S MD FROM: DC COMMENTS: TO: DC COMMENTS: DNC PER DR MCNAMEE Admin Date Time User Given Baq Reason Code
10/10/16 2048 FIYOUNGS Y Items _ Charge

(10/10/16) (2100) Rate: 100 MLS/HR

0.00

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Case 2:18-cv-00924-PD Document 15-4 Filed 05/03/18 Page 77 of 85

DATE: 11/03/16 USER: MT	@ 0002		erald Hospita Administrati		PAGE 52
Account Number Age/Sex	UGA OLUTOKUNBO FA1307223089 37/M DIS IN	Location Room Bed		e Doctor LITTMAN,MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
EFUNNUGA, OLUTO	KUNBO	FA13072	23089	(Contin	nued)
10/11/16 08 (10/11/16) (09		_		1	0.00
10/11/16 200 (10/11/16) (21		Y MLS∕HR		1	0.00
10/12/16 09 (10/12/16) (09		Y MIS/HR		1	0.00
Admin Totals				4	0

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 53 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 37/M Room 411 Registered Date 10/07/16 Age/Sex Status DIS IN Bed 02 Discharged Date 11/01/16 FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) VANC1.5P - VANCOMYCIN 1.5 Gram /500 ML NSS PIGGYBACK - 500 ML Admin Route IV Site Rate 250 MLS/HR Duration 2 HR Volume Start Date 10/10/16-2100 Stop Date 10/11/16 0806 DC Date 10/11/16-0806 Ordering Doctor BORIKAR, MADHURA S MD Clinical Indication CNS INFECTION Last Bag 1 Total Costs \$7.00 Total Charges \$57.75 Total Dispensed 1 Rx Number 001877129 History 10/10/16 1355 - POM ORDER by COBORIKM 10/10/16 1404 - VERIFIED by FIREALID 10/10/16 2036 - DEBIT by SYOUNG ITEMS: 1 DOSES: 1 10/11/16 0810 - EDIT by COZHANGH EDIT DOCTOR: ZHANG, HONGYU MD EDIT SOURCE: Provider Source FROM: START: 10/10/16-2100 STOP: None SOFT STOP: TO: START: 10/10/16-2100 STOP: 10/11/16-0806 SOFT STOP: 10/11/16 0810 - DISCONTINUE by COZHANGH Eff: 10/11/16 0806 EDIT DOCTOR: ZHANG, HONGYU MD EDIT SOURCE: Provider Source 10/11/16 0810 - POM COPY AND EDIT by COZHANGH TO: Rx #U001134399 Admin Date Time User Given Baq Reason Code 10/10/16 2144 FIYOUNGS Y <u>Items</u> Charge 1 0.00 (10/10/16) (2100) Rate: 250 MLS/HR

Admin Totals

O

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DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 54 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 DIS IN Status Bed 02 Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) VANC1.5P - VANCOMYCIN 1.5 Gram /500 ML NSS PIGGYBACK - 500 ML Admin Route IV Site Volume 500 Rate 250 MLS/HR Duration 2 HR Stop Date None Start Date 10/11/16-0815 DC Date 10/12/16-1434 Ordering Doctor ZHANG, HONGYU MD Clinical Indication CNS INFECTION Last Bag 1 4 Total Costs \$28.00 Total Charges \$231.00 Total Dispensed Rx Number 001877964 Warnings rype: Range: Type: MAINTENANCE VANCOMYCIN/0.9 % SOD CHLORIDE (1.5 G/500 ML) Condition: ALL COMMON INDICATIONS Daily Dose Maximum Daily Dose is 4,000 MG/DAY. Ordered dose of 4,500 MG/DAY exceeds the Maximum Daily Dose. Factoring in variances, the range of values for this dose is Low: 1,353.15 GM High: 5,747.4 GM. General Warnings Elimination half-life is 4 - 11 hours Renal The Patient's GLOMERULAR FILTRATION RATE is > 60. The result can not be compared against the threshold. Discontinue Comments DNC per dr mcnamee. History 10/11/16 0810 - POM COPY AND EDIT by COZHANGH FROM: Rx #001877129 Result of Frequency/Schedule Edit Ordering Doctor: ZHANG, HONGYU MD Last Scheduled Administration Time: 10/10/16 - 2100 Last Actual Administration Time: 10/10/16 - 2144 Old Freq/Sch: Q12 (SCH) New Freq/Sch: Q8 (SCH) Old Order Stop: 10/11/16 - 0806 New Order Start: 10/11/16 - 0815 New Order Stop: 10/11/16 0810 - NOW DOSE by COZHANGH Now Dose: 10/11/16 0815 10/11/16 0810 - KEEP NEXT DOSE by COZHANGH Keep Next Dose: 10/11/16 1300 10/11/16 0817 - VERIFIED by FIREALID 10/11/16 0841 - DEBIT by LHOKE

by LHOKE

by FILINC

ITEMS: 1 DOSES: 1

ITEMS: 1 DOSES: 1

10/11/16 1132 - DEBIT

10/11/16 2024 - DEBIT

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 55 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Unit Number Account Number FA1307223089 Location FI4PVA F001250247 Age/Sex 37/M Registered Date 10/07/16 Room 411 Status DIS IN Bed 02 Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) ITEMS: 1 10/12/16 0422 - DEBIT by FISACKSM ITEMS: 1 10/12/16 1435 - DISCONTINUE by FIREALID Eff: 10/12/16 1434 EDIT DOCTOR: ZHANG, HONGYU MD FROM: DC COMMENTS: TO: DC COMMENTS: DNC per dr mcnamee. 11me User Given Baq Reason Code
0927 FIHOKEL Y Admin Date Time User <u>Itens</u> <u>Charge</u> 10/11/16 0.00 (10/11/16) (0815) Rate: 250 MLS/HR 1229 FIHOKEL 0.00 10/11/16 1 (10/11/16) (1300) Rate: 250 MLS/HR 10/11/16 2112 FIYOUNGS 1 0.00 (10/11/16) (2100) Rate: 250 MLS/HR 10/12/16 0453 FIDAMATV 0.00 1 (10/12/16) (0500) Rate: 250 MLS/HR

Admin Totals

0

Mercy Fitzgerald Hospital PHA *LIVE* PAGE 56 DATE: 11/03/16 @ 0002 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 Discharged Date 11/01/16 Status DIS IN Bed 02 FA1307223089 (Continued) EFUNNUGA, OLUTOKUNBO CEFA1FRO - ceFAZolin 1 GM/NSS 50 ML BAG - 50 ML Admin Route IV Site Rate 100 MLS/HR Duration 30 MIN Volume Start Date 10/12/16-1437 Stop Date None
Ordering Doctor MCNAMER ID WILLIAM D. WD. DC Date 10/14/16-1729 Clinical Indication PULMONARY/LRTI Last Bag 6 Total Dispensed 6 Total Costs \$42.00 Total Charges \$346.50 Rx Number 001879987 History 10/12/16 1438 - ENTER by FIREALID 10/12/16 1438 - NOW DOSE by FIREALID Now Dose: 10/12/16 1437 10/12/16 1438 - KEEP NEXT DOSE by FIREALID Keep Next Dose: 10/12/16 2100 10/12/16 2031 - DEBIT by MMCGILL ITEMS: 1 DOSES: 1 10/13/16 0452 - DEBIT by VDAMATO ITEMS: 1 DOSES: 1 10/13/16 1121 - DEBIT by LHOKE ITEMS: 1 DOSES: 1 by MMCGILL 10/13/16 2026 - DEBIT ITEMS: 1 DOSES: 1 by VDAMATO 10/14/16 0404 - DEBIT ITEMS: 1 DOSES: 1 10/14/16 1215 - DEBIT by LHOKE ITEMS: 1 DOSES: 1 by COGILBEM Eff: 10/14/16 1729 10/14/16 1731 - DISCONTINUE EDIT DOCTOR: GILBERT, MARK, MD EDIT SOURCE: Provider Source Admin Date Time User Given Baq Reason Code Items
10/12/16 2152 FINCGILM Y 1 Charge 0.00(10/12/16) (1437) Rate: 100 MLS/HR 1 0.00 10/12/16 2154 FINCGILM (10/12/16) (2100) Rate: 100 MLS/HR 1 0.00 10/13/16 0614 FIDAMATV (10/13/16) (0500) Rate: 100 MLS/HR 1 0.00

10/13/16 1127 FIHOKEL

(10/13/16) (1300) Rate: 100 MLS/HR

DATE: 11/03 USER: MT	∕16 @ 0002		erald Hospital Ph Administration		PAGE 57
	UNNUGA OLUTOMUNEO ber FA1307223089 37/M DIS IN	Location Room Bed		ctor LITTMAN,MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
EFUNNUGA, OL	итокимво	FA13072	23089	(Contin	ued)
	2043 FIMCGILM (2100) Rate: 100	Y MLS/HR		1	0.00
	0528 FIDAMATV (0500) Rate: 100	Y MLS/HR		1	0.00
	1226 FIHOKEL (1300) Rate: 100	Y MLS/HR		1	0.00
Admin Tot	als		_	7	0
Admin Rou Site Volume Start Dat Ordering Clinical Last Bag Total Dis	100 R e 10/14/16-2100 Doctor GILBER Indication BACTER	ate 200 MLS/ Stop D T,MARK, MD EMIA	HR	- 100 ML Duration 30 MIN DC Date 10/14/1 Total Charges	
	1731 - POM ORDER 1733 - VERIFIED		by COGILE by FILINC		

by COGILBEM

by COGILBEM Eff: 10/14/16 2100

SOFT STOP:

10/14/16 1734 - EDIT

FROM:

TO:

EDIT DOCTOR: GILBERT, MARK, MD EDIT SOURCE: Provider Source

EDIT DOCTOR: GILBERT, MARK, MD EDIT SOURCE: Provider Source

10/14/16 1735 - DISCONTINUE

START: 10/14/16-2100 STOP: None

START: 10/14/16-2100 STOP: 10/14/16-2100 SOFT STOP:

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 58 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age∕Sex 37/M Room 411 Registered Date 10/07/16 Status DIS IN Bed 02 Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) GENT40VI - GENTAMICIN SULFATE 80 MG/2 ML INJECTION - 110 MG (2.75 ML) in SODI50IV12 - SODIUM CHLORIDE 0.9% 50 ML IV.SOLN - 50 ML Admin Route IV Site Volume 52.75 Rate 100 MLS/HR Duration 31 MIN 39 SEC Start Date 10/14/16-2100 Stop Date None DC Date 10/20/16-1049 Ordering Doctor GILBERT, MARK, MD Clinical Indication BACTEREMIA Last Bag 17 Total Dispensed Total Costs \$54.91 Total Charges \$1317.50 17 001882464 Rx Number History 10/14/16 1731 - POM ORDER by COGILBEM 10/14/16 1733 - EDIT by FILINC FROM: DUPLICATE COMMENT: TO: DUPLICATE COMMENT: RPH 10/14/16 1733 - VERIFIED by FILINC Items Dispensed: 1 Doses Dispensed: 1 For: 10/14/16 - 2100 10/14/16 2145 - FILL Items Dispensed: 1 Doses Dispensed: 1 For: 10/15/16 - 0500 10/15/16 0705 - FILL Items Dispensed: 1 Doses Dispensed: 1 For: 10/15/16 - 1300 10/15/16 1445 - FILL Items Dispensed: 1 Doses Dispensed: 1 For: 10/15/16 - 2100 10/15/16 2145 - FILL Items Dispensed: 1 Doses Dispensed: 1 For: 10/16/16 - 0500 10/16/16 0705 - FILL Items Dispensed: 1 Doses Dispensed: 1 For: 10/16/16 - 1300 10/16/16 1445 - FILL Items Dispensed: 1 Doses Dispensed: 1 For: 10/16/16 - 2100 10/16/16 2145 - FILL bу Items Dispensed: 1 Doses Dispensed: 1 For: 10/17/16 - 0500 10/17/16 0705 - FILL Items Dispensed: 1 Doses Dispensed: 1

10/17/16 - 1300

For:

		erald Hospital PH Administration S		PAGE
atient EFUNNUGA OLUTOKUNBO ccount Number FA1307223089 ge/Sex 37/M tatus DIS IN	Location Room Bed			F001250247 ate 10/07/16 late 11/01/16
FUNNUGA, OLUTOKUNBO	FA13072	23089	(Cc	ntinued)
10/17/16 1445 - FILL Items Dispensed: 1 For: 10/17/16 - 2100 10/17/16 2145 - FILL		by pensed: 1		
Items Dispensed: 1 For: 10/18/16 - 0500 10/18/16 0705 - FILL	noses nis	pensed: 1		
Items Dispensed: 1 For: 10/18/16 - 1300	Do ses Dis	pensed: 1		
10/18/16 1445 - FILL Items Dispensed: 1 For: 10/18/16 - 2100	Doses Dis	by pensed: 1		
10/18/16 2145 - FILL Items Dispensed: 1 For: 10/19/16 - 0500 10/19/16 0705 - FILL	Doses Dis	by spensed: 1 by		
Items Dispensed: 1 For: 10/19/16 - 1300 10/19/16 1445 - FILL	Doses Dis	pensed: 1		
Items Dispensed: 1 For: 10/19/16 - 2100 10/19/16 2145 - FILL	Doses Dis	epensed: 1		
Items Dispensed: 1 For: 10/20/16 - 0500 10/20/16 0705 - FILL	Doses Dis	spensed: 1		
Items Dispensed: 1 For: 10/20/16 - 1300 10/20/16 1049 - COPY AND ED		pensed: 1 by FIREAL	ID	
TO: Rx #001888813 10/20/16 1049 - DISCONTINUE Items Auto Credited: For: 10/20/16 - 1300 EDIT DOCTOR: GILBERT, MAR	1 Doses	by FIREAL Auto Credited:	ID Eff : 10/2	0/16 1049
Column C	У	eason Code	Items1	<u>Charge</u> 0.00
0/15/16	Y S∕HR		1	0.00
0/15/16 1218 FIBEURKH 10/15/16) (1300) Rate: 100 ML	Y S∕HR		1	0.00
0/15/16 2025 FIREVAKN 10/15/16) (2100) Rate: 100 ML	Y S∕HR		1	0.00
0/16/16 0436 FIREVAKN	У		1	0.00

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA *LIVE* PAGE 60 Medication Administration Summary USER: MT Responsible Doctor LITTMAN, MARIO, MD Patient EFUNNUGA OLUTOKUNBO Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 Status DIS IN Bed 02 Discharged Date 11/01/16 FA1307223089 (Continued) EFUNNUGA, OLUTOKUNBO 1221 FIBEURKH 1 0.00 10/16/16 (10/16/16) (1300) Rate: 100 MLS/HR 2207 FIREVAKN 1 0.00 10/16/16 (10/16/16) (2100) Rate: 100 MLS/HR 0.00 10/17/16 0443 FIREVAKN (10/17/16) (0500) Rate: 100 MLS/HR 1505 FIMCCARD 1 0.00 10/17/16 (10/17/16) (1300) Rate: 100 MLS/HR 0.00 1 10/17/16 2111 FIROSSIA (10/17/16) (2100) Rate: 100 MLS/HR 0.00 10/18/16 0526 FIROSSIA 1 (10/18/16) (0500) Rate: 100 MLS/HR 1235 FIYOUNGS 0.00 1 10/18/16 (10/18/16) (1300) Rate: 100 MLS/HR 0.00 10/18/16 2106 FIROSSIA 1 (10/18/16) (2100) Rate: 100 MLS/HR 0422 FIROSSIA 1 0.00 10/19/16 (10/19/16) (0500) Rate: 100 MLS/HR 10/19/16 1322 FIGILMAD 1 0.00 (10/19/16) (1300) Rate: 100 MLS/HR 2055 FIDONAHS 1 0.00 10/19/16 (10/19/16) (2100) Rate: 100 MLS/HR 10/20/16 0435 FIMCDEVD 1 0.00 (10/20/16) (0500) Rate: 100 MLS/HR Admin Totals 17 0